



Gloucestershire County Council

ANNUAL REPORT

of the COUNTY MEDICAL
OFFICER OF HEALTH for
the Year 1952

GEO. F. BRAMLEY
County Medical Officer of Health



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Health Department,
Berkeley House,
Berkeley Street,
Gloucester.

28th July, 1953.

*To the Chairman and Members of
the Health Committee.*

SIR, LADIES AND GENTLEMEN,

This year's Annual Report differs from its predecessors in that it contains a survey of the Council's responsibilities under the National Health Service Act, as specially requested by the Ministry of Health. The review covers the first four and a half years of the working of the Part III services of the Act in this County. We have been fortunate in being able to build up the services to the levels outlined in the proposals under the Act almost to their full extent so far as the recruitment of staff and the provision of accommodation has allowed. In some respects the proposals have been exceeded, e.g. the Home Help Service ; in others, e.g. the Dental Service, we have a long way to go. But the survey shows that the services provided by the Council are comprehensive so far as can be met within the limits necessitated by financial considerations, and the powers available to the Council.

1952 was a year with no major epidemic but we anxiously await the production of an approved whooping cough vaccine, in view of the number of children who annually suffer from this very distressing complaint. The number of young children vaccinated against smallpox does not increase as only about one in four children born in the year received this protection. Lessons demonstrated by experiences such as the recent Brighton epidemic—which show that sufferers who have been vaccinated in infancy survive the disease—are not appreciated. There was a slight fall in the number of children immunised against diphtheria despite continued efforts in advising the parents of every child of the importance of this procedure.

It will be seen from the statistics that the population of the County continues to grow, particularly in the rural areas. The birthrate has been maintained whilst the death rate is lower than in the two preceding years.

There has been a further spectacular fall in the death rate from tuberculosis, probably due in large measure to the newly discovered drugs and surgical procedures. The notification of the new cases has also fallen despite the fact that Mass Radiography continues to find an increasing number of cases.

The infant mortality rate slightly increased in 1952 from 26.59 in 1951 to 28.23. I do not expect this to be more than an incidental check in the continued general fall in this figure. The pleasing feature is that the same rate for illegitimate births was only 22.40, which no doubt reflects in part our continued efforts on behalf of the unmarried mother.

The number of illegitimate births shows some increase and how far this is related to the slight increase in the number of cases of venereal disease is only a matter of conjecture.

The number of patients carried by the Ambulance Service increased, mainly due to the transport of a large number of patients to and from Physiotherapy Out-Patient Sessions. By the increased use of sitting case cars carrying up to five patients on each journey, the total mileage covered was again reduced.

The Home Help Service was again expanded and despite the fact that Gloucestershire has developed the Home Help Service as far as any other county, every case did not get all the help really needed and some cases had to be refused. Saturation has been said to be one full-time home help per 1,000 urban population. By the end of 1952 we provided the equivalent of one full-time home help for every 2,000 of the population, which is of course mainly rural.

I must again record my thanks to the many hundreds of voluntary workers in the varied aspects of our services; without them much of the work would become less personal and certainly more expensive.

The continued interest of the members of the Council has been encouraging and appreciated both by me and the members of the staff, to whom I am indebted for sustained loyal and earnest effort.

I have the honour to be,

Your obedient Servant,

GEO. F. BRAMLEY,
County Medical Officer of Health.

STAFF**as at 31.12.52**

| | |
|--|---|
| County Medical Officer of Health and School Medical Officer | G. F. Bramley, M.D., D.P.H. |
| Deputy County Medical Officer of Health and School Medical Officer | J. A. C. Franklin, M.B., B.S., D.P.H. |
| Senior Medical Officer | E. Catherine Morris Jones, M.B., B.S., B.Hy., D.P.H. |
| Senior Assistant Medical Officer of Health | William A. Knox, M.B., B.Ch., B.A.O., D.P.H. |
| Assistant Medical Officers of Health ... | Catherine E. Hignell, M.R.C.S., L.R.C.P. Katherine E. M. Allen, M.R.C.S., L.R.C.P. Kenneth J. Adams, M.R.C.S., L.R.C.P., D.P.H. Mary P. S. Seacome, B.M., B.Ch. William J. Connelly, L.R.C.P.Ed., L.R.C.S.Ed., L.R.F.P. & S.G., D.P.H. Frederick William Ford, L.M.S.S.A., C.P.H. |
| Assistant County Medical Officers of Health and Divisional Medical Officers of Health (also District Medical Officers of Health) | A. T. Hunt, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. W. J. D. Cooper, M.B., B.Ch., B.A.O., D.P.H. S. Knight, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. M. L. Sutcliffe, T.D., M.R.C.S., L.R.C.P., D.P.H., D.P.M. |
| Divisional Medical Officers of Health (also District Medical Officers of Health) | J. Menzies Cormack, M.B., Ch.B., D.P.H. W. Davidson-Lamb, M.B., Ch.B., D.P.H. D. E. Morley, M.D., D.P.H. |
| Chest Physicians (part time) | F. J. D. Knights, M.D., M.R.C.P. R. A. Craig, M.D., M.R.C.P. |
| Senior Dental Officer | J. F. A. Smyth, L.D.S. |
| Dental Officers | D. N. de Gruyther, L.D.S. A. H. Kingham, L.D.S. F. McGonigal, L.D.S. Mrs. D. W. Squires, L.D.S. Miss M. S. MacKinnon, L.D.S. L. K. James, L.D.S. J. P. B. Pengelly, L.D.S. W. J. Meakin, L.D.S. 3 part time officers. 6 Vacancies. |

| | | | |
|---|-----|-----|---|
| Superintendent Health Visitor | ... | ... | Miss E. K. N. Cumming. |
| Deputy Superintendent Health Visitor | ... | ... | Miss F. E. Fortnam. |
| Health Visitors | ... | ... | 61 in number. |
| Health Visitor Tutor | ... | ... | Miss R. Atkinson. |
| County Nursing Association. | | | |
| Secretary | ... | ... | A. F. Poyser. |
| Superintendent | ... | ... | Miss M. J. Bach. |
| Assistant Superintendents | ... | ... | Miss I. Colin. Miss A. Stobbart. 164 District Nurse/Midwives. |
| Orthopaedic After-Care Sisters | ... | ... | Miss I. A. Beale. Mrs. E. A. Stokes. Miss V. Leake |
| Mental Health Worker | ... | ... | J. L. Silk. |
| Mental Health Home Teacher | ... | ... | Miss C. M. Campbell. |
| Mental Health and Duly Authorised Officers | | | G. L. Cox. K. R. Pennington. A. E. Poyser. G. H. Watts. |
| Duly Authorised Officers | ... | ... | J. D. Harris. H. Paling. F. L. Wintle. |
| Speech Therapists | ... | ... | Miss D. Braithwaite. Miss D. Hall 2 part time. 1 Vacancy. |
| Dental Attendants | ... | ... | 8 whole time and 2 part time. |
| County Sanitary Inspector | ... | ... | S. B. J. Davies, A.R.San.I., F.S.I.A. |
| Assistant County Sanitary Inspector | ... | ... | G. E. Fletcher, M.R.San.I., M.S.I.A., M.R.I.P.H.H. |
| County Ambulance Officer | ... | ... | W. C. Virgo, O.B.E. |
| County Home Help Organiser | ... | ... | Mrs. M. C. Marks, M.B.E. |
| Assistant Home Helps Organisers | ... | ... | 8 in number. |
| Secretary, County Association for the Blind | | | Miss B. M. J. Saunders. |
| Home Teachers of the Blind | ... | ... | 6 in number. |
| Administrative Officer | ... | ... | A. V. Pyne. |
| Senior Administrative Assistants | ... | ... | A. Hudson. W. I. Winstone. F. B. Wilton |

SECTION A.

STATISTICS AND SOCIAL CONDITIONS OF THE COUNTY

Area (in acres) :—

| | | | | | | | | | | | | |
|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------|
| Urban | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 24,179 |
| Rural | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 749,131 |
| | | | | | | | | | | | | 773,310 |

Population :—

Registrar-General's Estimate (Mid-year 1952) :—

| | | | | | | | | | | |
|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------|
| Urban | ... | ... | ... | ... | ... | ... | ... | ... | ... | 144,400 |
| Rural | ... | ... | ... | ... | ... | ... | ... | ... | ... | 293,400 |
| | | | | | | | | | | 437,800 |

Census, 1951 (Preliminary 8th April, 1953) :—

[illegible]

The reference in last year's report to the increase in population being mainly in the rural areas is again borne out by the Registrar-General's figures.

| | | | | | | | | |
|--|-----|-----|-----|-----|-----|-----|-----|------------|
| Rateable Value (1st April, 1952) ... | ... | ... | ... | ... | ... | ... | ... | £2,325,278 |
| Sum represented by a penny rate (Revised estimate 1952-53) | ... | ... | ... | ... | ... | ... | ... | £9,457 |

Extract from Vital Statistics :—

| | | | | | | | | | |
|------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| Live Births—Legitimate | ... | ... | ... | ... | ... | ... | ... | ... | 6,515 |
| Illegitimate | ... | ... | ... | ... | ... | ... | ... | ... | 357 |
| | | | | | | | | | 6,872 |

[illegible]

| | | | | | | | |
|---------------|---------------------------------------|-----|-----|-----|-----|-----|-------|
| Deaths—4,863. | Death Rate (per 1,000 population) ... | ... | ... | ... | ... | ... | 11.11 |
|---------------|---------------------------------------|-----|-----|-----|-----|-----|-------|

| | | | | | | | |
|--|----|----|----|----|----|----|---|
| Deaths from Pregnancy, Childbirth and Abortion | .. | .. | .. | .. | .. | .. | 6 |
|--|----|----|----|----|----|----|---|

| | | | | | | |
|---|-----|-----|-----|-----|-----|------|
| Maternal Mortality Rate (Deaths per 1,000 total births) | ... | ... | ... | ... | ... | 0.85 |
|---|-----|-----|-----|-----|-----|------|

Death Rate of Infants under one year of age :—

[illegible]

Death Rate of Infants under four weeks of age :—

| | | | | | | | | |
|--|-----|-----|-----|-----|-----|-----|-----|-------|
| All infants per 1,000 live births | .. | ... | ... | .. | ... | ... | ... | 20.37 |
| Legitimate infants, per 1,000 legitimate live births | ... | .. | ... | ... | ... | ... | ... | 20.87 |
| Illegitimate infants, per 1,000 illegitimate live births | .. | ... | ... | ... | ... | ... | ... | 11.20 |

Deaths from :—

| | | | | | | | | |
|---|----|----|----|----|----|----|----|-----|
| Cancer (all ages) | .. | .. | .. | .. | .. | .. | .. | 798 |
| Measles (all ages) | .. | .. | .. | .. | .. | .. | .. | 3 |
| Whooping Cough (all ages) | .. | .. | .. | .. | .. | .. | .. | 3 |
| Gastritis, enteritis and diarrhoea (all ages) | .. | .. | .. | .. | .. | .. | .. | 20 |

1. Birth Rate.

The Birth Rate for the year 1952 was 15.69 per 1,000 of the population, as compared with 15.53 in 1951.

The following table shows the comparative figures for the past five years :—

| | 1948 | 1949 | 1950 | 1951 | 1952 |
|-----------------------|-------|-------|-------|-------|-------|
| Urban | 17.21 | 17.03 | 15.70 | 15.27 | 15.71 |
| Rural | 18.23 | 17.73 | 16.37 | 15.66 | 15.69 |
| Administrative County | 17.89 | 17.47 | 16.15 | 15.53 | 15.69 |
| England and Wales | 17.9 | 16.7 | 15.8 | 15.5 | 15.3 |

2. Death Rate.

The Death Rate for the year was 11.11 per thousand population as compared with a rate of 11.98 last year.

The total number of deaths in the County during 1952 was 4,863 and the eight chief causes are shown in the table.

| | Urban | | Rural | | Whole County | | Percentage of total deaths. | | |
|------------------------------------|-------|------|-------|------|--------------|------|-----------------------------|-------|--------------|
| | No. | Rate | No. | Rate | No. | Rate | Urban | Rural | Whole County |
| Heart Disease | 648 | 4.49 | 1099 | 3.75 | 1747 | 4.00 | 36.80 | 35.43 | 35.92 |
| Cancer | 310 | 2.15 | 488 | 1.66 | 798 | 1.82 | 17.60 | 15.73 | 16.41 |
| Vascular lesions of nervous system | 218 | 1.51 | 460 | 1.57 | 678 | 1.55 | 12.38 | 14.83 | 13.94 |
| Pneumonia | 75 | 0.52 | 88 | 0.30 | 163 | 0.37 | 4.26 | 2.84 | 3.35 |
| Bronchitis | 66 | 0.46 | 116 | 0.39 | 182 | 0.42 | 3.75 | 3.74 | 3.74 |
| Other circulatory diseases | 54 | 0.37 | 126 | 0.43 | 180 | 0.41 | 3.07 | 4.06 | 3.70 |
| Tuberculosis | 26 | 0.18 | 52 | 0.21 | 88 | 0.20 | 1.48 | 2.00 | 1.81 |
| Nephritis & nephrosis | 18 | 0.12 | 46 | 0.16 | 64 | 0.15 | 1.02 | 1.48 | 1.32 |

3. Infantile Mortality.

The Infantile Mortality Rate for the County was 28.23, The rate for England and Wales for the same period was 27.6.

| Year | Urban | | Rural | | Whole County | | Rate for England and Wales |
|------|-------|------|-------|------|--------------|------|----------------------------|
| | No. | Rate | No. | Rate | No. | Rate | |
| 1948 | 74 | 30 | 153 | 30 | 227 | 30 | 34 |
| 1949 | 72 | 29 | 149 | 30 | 221 | 30 | 32 |
| 1950 | 73 | 32 | 123 | 26 | 196 | 28 | 29 |
| 1951 | 71 | 32 | 108 | 23 | 179 | 26 | 29 |
| 1952 | 79 | 34 | 115 | 24 | 194 | 28 | 27 |

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES FOR THE COUNTY

1. Laboratory Facilities.

(a) The Gloucestershire Royal Hospital Laboratory at Gloucester, by arrangement with the Medical Research Council and the Medical Research Council Laboratories at the Bristol University, Oxford and Worcester, continued to undertake Public Health bacteriological and pathological work.

(b) The Bristol City Analyst and his Deputy continued as Public Analysts for the County of Gloucester excluding Cheltenham Municipal Borough and as Agricultural Analysts for the County. All samples for examination under the Food and Drugs Act and the Fertilisers and Feeding Stuffs Act and for chemical analyses of water have been submitted to these Analysts. Details of the work undertaken during the year is outlined in the following report.

REPORT OF E. G. WHITTLE, B.Sc., F.R.I.C., PUBLIC ANALYST.

Introduction.

This is a brief report of the first full year of work on behalf of the County. It will be recalled that the analytical work started in September, 1951, and after some very minor teething troubles has now become fully operative and I feel that all has gone well. Excellent and cordial relations exist with all concerned in the operation of the Food and Drugs Act, the Fertilisers & Feeding Stuffs Act, the Poisons and Pharmacy Act and the control of water supplies. A summary of examinations follows and it is of interest to note that significant numbers of miscellaneous examinations, including a few in the field of atmospheric pollution have been made. This is particularly encouraging because it was stressed in the initial negotiations that this laboratory could offer valuable service in matters perhaps not immediately concerned with the main functions required by the Food and Drugs Authority.

Summary of Examinations.

| | |
|---|-------|
| Milks | 756 |
| Food and Drugs | 520 |
| Water | 132 |
| Fertilisers & Feeding Stuffs | 70 |
| Poisons and Pharmacy | 2 |
| Miscellaneous | 91 |
| Atmospheric Pollution (lead peroxide) ... | 6 |
| | <hr/> |
| | 1,577 |
| | <hr/> |

Food and Drugs Act.

The main function of the laboratory is the analytical work necessary to enforce the provisions of the Food and Drugs Act. Milk analysis received high priority and accounted for practically half of the total examinations made. Some 45 milks were returned as adulterated, of which 22 were formal samples. It should be stressed that this number of unsatisfactory samples gives a misleading impression of the quality of milk sold in the county, since it included "follow-up" samples, "appeal to cow" samples and certain others which at first sight were deficient in fat, but which formed a portion of a consignment of milk and with appropriate calculation indicated that the bulk milk was genuine. Twenty-six samples of milk were returned as abnormal in respect of non-fatty-solids. The freezing point depressions of all these samples indicated genuine milk. Of thirty-three samples designated as "Channel Island" only three gave milk fats below 4 per cent.

Only four samples of the 520 Foods examined were reported as adulterated. Two related to crab paste, which were initially reported as deficient in crab meat. A very comprehensive report from the Norwegian authorities indicated that protein in crabs varied greatly and certain conversion factors currently used in this country to convert the nitrogen in crab meat to protein, may well give fictitiously low figures. Hence in face of the overwhelming evidence produced by the Norwegian authorities, no action was taken upon the crab paste. Two informal samples of mincemeat were found to be deficient in fat, but repeat formal samples proved to be genuine.

A number of food flavourings received adverse comment on account of the development of acidity due to prolonged storage and all were withdrawn from sale.

One sample of olive oil was decidedly rancid and a repeat sample was very little better. The oil proved to be old stock, probably displayed in a shop window for an undue length of time.

A lemon curd and a marmalade had superficial mould growths which would indicate some lack of care in the bottling process.

A considerable number of meat pies were examined during the year and the analyses indicated that the larger manufacturers appeared to be working to a standard of not less than 20 per cent of meat, which I respectfully submitted to Committee as a reasonable minimum. Certain of the one-man businesses, however, were most unsatisfactory and in one instance only 2 per cent of meat was present in the pie, which incidentally also proved to be the most expensive of all the pies purchased. It is perhaps most unfortunate that no legal standard exists for such commodities and further, that since the Ministry of Food has recently removed the standards on sausages, there appears little likelihood of enforcing a standard for pies. In respect of sausages it was certainly the implied intention of the Ministry that the quality of sausages should not suffer in consequence of the removal of the standards, but that the quality should improve. As far as pies are concerned, little can be done other than advise retailers of poor quality products that Council is not satisfied with the position. The ultimate remedy is with the public, who can themselves put persistent offenders out of business by refusing to purchase sub-standard articles.

Comment was also made during the year on three samples of lemon curd which were of poor quality in respect of fat and egg content ; one sample of Easton syrup which was of poor quality and probably very old stock ; a sample of alleged apple conserve which contained no apple and which bore a misleading label ; a sample of baked beans with an unpleasant metallic taste and containing nearly 2 grains of tin per pound ; and finally, two samples of pickling spice found to be infested with the larvae of the cocoa moth.

Waters, Effluents, etc.

Summary of Examinations.

| | | | |
|------------------------------------|-----|-----|-----|
| Wells, Springs and Boreholes | ... | ... | 72 |
| Mains supply | ... | ... | 25 |
| Sewage, Effluents and Trade Wastes | ... | ... | 30 |
| Miscellaneous | ... | ... | 5 |
| | | | 132 |

These samples are submitted by the County and the Urban District Councils and Rural District Councils. Thirty-five of the ninety-seven potable waters submitted were satisfactory both chemically and bacteriologically and this included the mains supply samples.

The position with respect to wells, springs and boreholes providing rural supplies is not so happy, and many dangerous and potentially dangerous waters still seem to be consumed with apparent impunity. It frequently happens that a supply to a few cottages receives adverse comment to the amazement of the consumers of the water, who almost invariably state that they and their fathers and grandfathers have drunk the water for many years with no ill effects. One can only assume that such folk develop some immunity or are watched over by some benign deity.

The effluents were examined primarily for conformity with the Royal Commission's requirements in respect of Biological Oxygen Demand (B.O.D.) and suspended solids and in a few cases the effluents did not achieve the necessary standards.

Several samples from one source of supply submitted by the West Dean Rural District Council proved to be of considerable interest inasmuch as bromates were detected in small quantities. Bromate is not particularly common in water supplies and would tend to give, and indeed did give, a fictitious reaction—which in the first instance indicated that the supply had been chlorinated, when indeed no such treatment had been applied. In the amounts present the bromate would have no public health significance and as far as could be ascertained, the presence of such compounds was probably associated with the proximity of an old ammunition dump.

Miscellaneous, including Atmospheric Pollution.

Summary.

| | | | | | | |
|-----------------------|-----|-----|-----|-----|-----|----|
| Milks | ... | ... | ... | ... | ... | 5 |
| Water | ... | ... | ... | ... | ... | 4 |
| Soil | ... | ... | ... | ... | ... | 1 |
| Ice Lollies and Mixes | ... | ... | ... | ... | ... | 4 |
| Ice Cream | ... | ... | ... | ... | ... | 42 |
| Petroleum products | ... | ... | ... | ... | ... | 17 |
| Fruit Leaves and Bark | ... | ... | ... | ... | ... | 16 |
| Vitamin E concentrate | ... | ... | ... | ... | ... | 1 |
| Canned Luncheon Meat | ... | ... | ... | ... | ... | 1 |
| Lead peroxide | ... | ... | ... | ... | ... | 5 |
| | | | | | | 97 |

The milks were required to be examined for fat and solids-not-fat and with one exception proved satisfactory. The Ice Lollies and mixes were examined in relation to an eventual prosecution for generally dirty premises. The defence was at one juncture preparing to contest the point as to whether ice lollies could be regarded as foods. In the actual proceedings the point was not taken and it was generally felt that the Ice Cream Alliance would not support such a point and that pressure was being brought to insist that premises used to prepare ice lollies should be registered in the same way as for ice cream. The prosecution succeeded in carrying eight of the ten counts and a fine of £42 was inflicted.

2. National Health Service Act. Survey of Local Health Services.

(I) ADMINISTRATION.

Subject to general and wide Standing Orders the Health Committee has had delegated to it all the powers and duties of the Council under the National Health Service Act, the Midwives Act, the Nurses Act, the Nursery and Child Minders Regulation Act, the Lunacy and Mental Treatment Acts, the Mental Deficiency Acts, the provisions of the Public Health Act (other than that relating to Child Life Protection or financial assistance to County District Councils) the Milk (Special Designations) (Pasteurised and Sterilized Milk) Regulations 1949, Section 25 of the Food and Drugs Act, Sections 29 and 30 of the National Assistance Act, 1948, and Section 21 of that Act in relation to the provision of residential accommodation exclusively for persons to whom Section 29 of the Act applies, and the Births and Deaths Registration Act.

The Health Committee consists of 35 members appointed by the County Council, one representative of the local Dental Committee, two representatives of the Gloucestershire Branch of the British Medical Association, one representative of the Bristol Diocesan Association for Moral Welfare and one representative of the Gloucester Diocesan Association for Moral Welfare.

The Health Committee has a General Purposes Sub-Committee, a Child Health Sub-Committee, a Mental Health Sub-Committee, and an Appointments Minor Committee. There are also eight Area Health Sub-Committees, and a Management Sub-Committee for the two homes for the blind. The Executive Committee of the County Nursing Association, the Executive Committee of the Blind Association and the Ambulance Association all report directly to the Health Committee. There is a Federation of Child Welfare Centres and its Executive Committee reports to the Child Health Sub-Committee. The type of organisation controlled by the Committee is rather complex but obtains because the County Council has delegated (a) to the County Nursing Association (through the District Nursing Associations) the services for the provision of nurses and midwives, some of whom are also health visitors in rural areas; (b) the Ambulance Service to the County Ambulance Association; (c) the establishment and organisation of Child Welfare Centres to Voluntary Committees through the County Federation; (d) the local Health Services not delegated to Voluntary Bodies in part to eight Area Sub-Committees. The various services are co-ordinated by members of the County Council making up to fifty per cent membership of the Executive Committees of the Voluntary Associations, who have only limited financial freedom except subject to the approval of the Health Committee. The Area Sub-Committees vary in the number of District Council areas they cover, and their membership is made up of District Councillors and County Councillors in the proportion of 2 to 1, with co-opted members not exceeding 5, who are usually chosen as local representatives of the Nursing Associations, the Federation of Child Welfare Centres and the Ambulance Association. These Area Health Sub-Committees may expend up to £500 on any one item which has been included in the annual estimate. Because Home Nursing and Domiciliary Midwifery Services and the County Ambulance Service are provided by voluntary bodies and because the Mental Health Services are controlled by a central Sub-Committee these services have not been delegated to Area Health Sub-Committees. The remainder of the Health Committee's duties such as appointment of officers working in the areas, Day Nursery provision, Home Help Services,

Diphtheria Immunization and Vaccination, Nursery and Child Minders Regulations Act, and Clinic provision and supervision are the direct responsibility of the Area Health Sub-Committees ; and they also have responsibility for the general supervision as to the need for and provision of all the Health Services in their areas.

The County Medical Officer of Health is a member of the Executive Committee of the County Nursing Association together with the Senior Medical Officer for Maternity and Child Welfare. The whole time paid Officers of the Voluntary Associations are members of the Health Department staff, and the whole of the Health Services are under the general control and supervision of the County Medical Officer of Health.

Each of six of the Area Health Sub-Committees has a Divisional Medical Officer of Health who is also the District Medical Officer of Health for the Districts in the area. Two areas share the services of one Divisional Medical Officer of Health, who is also the District Medical Officer of all the districts in the two Divisions. The Divisional Medical Officers of Health are on the staff of the County Health Department for at least 50% of their time.

All the administrative and clerical duties are carried out centrally except for such clerical home help duties, etc., as can be conveniently done in Divisional Offices without any duplication of work done either centrally or locally. The work of the Health Committee and the various Sub-Committees and Executive Committees responsible to the Health Committee has been subject to review to avoid any overlapping.

Co-ordination with the other parts of the Health Services entails a good deal of Committee attendance by the County Medical Officer of Health, his Deputy and the Senior Medical Officer for Maternity and Child Welfare but these attendances ensure effective co-ordination at officer level. The appointment of the Area Health Sub-Committees has assured local interest in the Health Services and the joint appointment of Divisional and District Medical Officers of Health effects co-operation at officer level with the District Councils. The work of some of the Area Health Sub-Committees has not appeared to be very extensive but there are no further duties which can be assigned to them in view of the number of important services which have been partially delegated to Voluntary Bodies.

(II) CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE.

One member of the Health Committee is a member of the South Western Regional Hospital Board and the Board of Governors of the Bristol Teaching Hospitals and another is a member of the Oxford Regional Hospital Board. Some members of the local health authority are members of the Hospital Management Committees covering the County, with the exception of one.

The Health Committee has five members who are members of the Gloucester City and County Executive Council and the County Medical Officer of Health is also a member in addition to being a member of the Local Medical Committee.

The County Medical Officer is a member of three Hospital Management Committees and his Deputy is a member of two others. The County Medical Officer attends meetings of the Oxford Regional Hospital Board Medical Officer of Health Liaison Committee and of the South Western Regional Hospital Board (Northern Section) Medical Officer of Health Liaison Committee, and is a member of the Medical Sub-Committee of the North Gloucestershire Clinical Area Advisory Committee, the Bristol Clinical Area Advisory Committee and the Maternity Services Sub-Committee of these Committees. The County Nursing Superintendent is a member of the North Gloucestershire Clinical Area Maternity Sub-Committee.

All the Medical Officers on the County Staff work closely with general practitioners as do the Health Visitors. The Midwives and District Nurses are urged to co-operate with the general practitioners and generally speaking have established good and friendly working relationships.

Hospital staff co-operate well, in general, with officers in the local Health Services. The arrangements are effective apart from a few isolated difficulties. The general practitioners were informed of the services available through the local Health Services and they have been circulated from time to time on new developments.

A booklet on the Health Services was published in 1948 and amendments are brought to the attention of users of the services and the public in general, mainly through the work of the Health Visitors. The local authority Health Services are now comprehensive and with the extensive use made of them there appears to be no particular advantage in providing any further guide, although a booklet on the Health Services in Cheltenham was published in 1951, by arrangement between the Area Health Sub-Committee and the Cheltenham Corporation as the Sanitary Authority.

(III) JOINT USE OF STAFF.

Sixty doctors in general practice act as Medical Officers on a sessional basis at 95 Child Welfare Centres, at which also Diphtheria Immunisation is carried out. From time to time occasional use of individual general medical practitioners has been made for the purpose of augmenting the whole time medical staff, especially prior to 1951 when the whole time staff was not recruited up to establishment. The County Council has agreed to full-time Medical Officers spending an occasional session working in the hospital service and one Medical Officer did attend for the purpose of obtaining the Diploma in Child Health. Owing, however, to an insufficient whole-time medical staff, and geographical difficulties, it has not been possible to proceed with this plan. It is proposed to implement the arrangement when the number of staff permit. Facilities have been offered for hospital registrars to work in the Child Health Service, but the position appears to be also that owing to insufficient staff, advantage could not be taken of this offer. Paediatricians employed by the two Boards are available and have given most helpful advice on various aspects of the Child Health Service. The Ear, Nose and Throat Surgeons and the Ophthalmic Surgeons in the North Gloucestershire and Bristol Clinical areas continue to work in County Council clinics and County Health Visitors provide nursing assistance. In the North Gloucestershire and Bristol Clinical areas Orthopaedic Surgeons attend County Clinics and are assisted by County Orthopaedic After-Care Sisters. This arrangement in the area of the Oxford Board has ceased as the Orthopaedic Surgeons in that area prefer to bring their own Physiotherapists. This is not a satisfactory arrangement as little is done in that area in preventive and early remedial work. Health Visitors attend at Dispensaries and hospital sessions held by the Chest Physicians and are represented at the North Gloucestershire Chest Physician's weekly conference.

The Health Visitors are used extensively in After-Care work, particularly for the Hospital Paediatric Service, and in the Bristol Clinical area the Health Visitors, together with an After-Care Sister from Southmead Hospital, work closely in follow-up and research in the care of premature infants.

(IV) VOLUNTARY ORGANISATIONS.

Extensive use is made of voluntary organisations for Home Nursing and Domiciliary Midwifery, Child Welfare Centres, Care of the Blind, Care of the Cripples, Care of the Unmarried Mother and the County Ambulance Service.

The County Nursing Association represents 91 District Nursing Associations and its function is to provide and maintain an efficient home nursing and midwifery service throughout the County. The management and control of the expenditure of the County Association is vested in the Executive Committee. The whole of the cost of the Service is re-imbursed by the County Council but the Association has created a Welfare Fund to assist retired nurses and to give emergency grants to nurses. The District Nursing Associations are affiliated to the County Association and the members of the Committees are elected annually at parish meetings. They are responsible for the appointment of the district nurse/midwife for their district and for supervising her personal requirements in relation to

transport, accommodation, etc. Where the nurse lives in a house built or owned by the County Council the local Committee are required to ensure that it is kept in good repair and that recommendations for replacements of furniture are made when necessary. The County is divided into eight areas for nursing purposes and meetings are held in each area attended by members of the district associations within the area. These meetings serve to keep the members informed on matters relating to County policy and enable local difficulties to be brought forward for discussion, and retain the valuable voluntary principle that the local people have a responsibility for the welfare of the nurse and the service in their district.

The Federation of Child Welfare Centres represents 107 local Child Welfare Centres each organised by a Voluntary Committee, which is responsible for all the social activities associated with the Centre ; the functions of the Federation include the implementation of the policy of the Health Committee in relation to Child Welfare Centres and the development of interest in and efficiency of Child Welfare work.

The County Blind Association, through its Executive Committee, is responsible for the care of the Blind in accordance with the scheme under the National Assistance Act.

The Gloucestershire Community Council, through its Committee for the Care of the Physically Handicapped, is responsible for the care of Cripples other than those of school age, the whole cost being reimbursed by the County Council. It has seven voluntary area Committees all providing active voluntary personal service.

Substantial grants are made annually to both the Gloucester and Bristol Diocesan Moral Welfare Associations for the care they give to unmarried mothers and to St. Catharine's Mother and Baby Home in Cheltenham, which houses and trains these mothers both before and after the confinement.

The County Ambulance Association was set up for the purpose of using the knowledge and services previously provided by several agencies which had to be welded together on the "appointed day." In effect this Association is now a Sub-Committee of the Health Committee.

The British Red Cross Society and the St. John Ambulance Associations provide, as the County Council's agents, the major part of home nursing equipment.

There are seven Tuberculosis After-Care Committees covering the County.

(V) PARTICULAR SERVICES.

(1) *Care of Expectant and Nursing Mothers and Children under school age.*

(a) *Expectant and Nursing Mothers.*

There are ante-natal clinics at Soundwell, Filton, Chipping Sodbury, Cinderford, Cirencester, Stonehouse, Patchway and Tewkesbury which are used as centres where midwives give the necessary supervision to domiciliary cases and to such hospital cases as are referred back to them for intermediate care. Midwives and health visitors teach mothercraft and with the exception of Chipping Sodbury and Tewkesbury, a medical officer attends at intervals to carry out examinations and take blood specimens of those mothers who have been referred by their own doctors or, in the very few cases, where the mothers do not wish to be under the medical care of their own doctor or general practitioner/obstetrician even after the desirability of so doing has been explained to them. The latter mothers are few in number but entitled to their wishes in this matter. The Medical Officer also gives advice on women's welfare problems. These centres are also used for post-natal examination and advice. At some of the centres relaxation exercise classes are held.

In Cheltenham there is one ante-natal clinic for Hospital, Specialist, Maternity Home, General Practitioners' and Midwives' domiciliary cases. Special sessions are held for mothercraft teaching and

relaxation exercises. The advantages of all members of the team concerned in midwifery working the same clinic with a health visitor present at every session, and with booked appointments for general practitioners and domiciliary midwives to examine the expectant mothers together, are obvious.

In the rural areas some midwives attend at the doctors' surgeries with their patients, others visit the patient together and a system of passing records where the doctor and midwife do not meet is being encouraged.

The County domiciliary scheme for the examination of mothers by general practitioners ceased when the new Act came into force in 1948, with the unfortunate result of the loss of direct arrangements for passing of information from the general practitioner to the midwife. This has been overcome in part by the encouragement of close co-operation between the midwives and the doctors. This has been relatively easy in the villages, but it has required four years of steady encouragement and reassurance to the midwives and a few general practitioners that neither was encroaching on the responsibilities of the other. The majority of midwives now seem to appreciate the new position, but a few of the older midwives still appear to resent what was at first taken to be a change in their status. It has steadily been impressed upon everybody concerned that only a scheme which includes midwives, general practitioners, hospitals and specialists, together with ante-natal teaching facilities, can ensure that the best care is not only available, but given to the expectant mothers. There has, however, in the $4\frac{1}{2}$ years which have elapsed since the National Health Service Act came into force, been a gradual change in the work done at ante-natal clinics which is now practically wholly educational and only provides for medical care where the mother refuses to go to a general practitioner/obstetrician or where he asks for the ante-natal care to be given at the ante-natal clinic. Facilities for group teaching and taking of blood specimens, etc., are the primary responsibility of the local health authority ante-natal clinic.

The care of unmarried mothers is the responsibility of the Moral Welfare Workers acting as the Council's agents. They work closely with the clinics, midwives, doctors and hospitals. In addition to the ten beds for ante and post confinement care in St. Catharine's Home, Cheltenham, payments are made on a case basis to approved establishments outside the County.

Maternity outfits are supplied for home confinements, about £1,300 and £50 being spent in 1952 on this item for district and private confinements respectively. Each outfit contains one small roll cotton wool, maternity pads (large and small), absorbent lint and crepe bandage, and they are issued through the midwives.

Expectant and nursing mothers attending ante-natal clinics.

Six clinics were functioning fully during 1952 and the figures of attendances are as follows :—

| | | | | | |
|--|-----|-----|-----|-----|-------|
| Number of new patients attending | | | | | |
| Ante-natal | ... | ... | ... | ... | 813 |
| Post-natal | ... | ... | ... | ... | 95 |
| Number of patients already in attendance | | | | | |
| Ante-natal | ... | ... | ... | ... | 313 |
| Post-natal | ... | ... | ... | ... | 35 |
| Number of patients attending during the year | | | | | |
| | | | New | Old | Total |
| Ante-natal | ... | ... | 813 | 313 | 1,126 |
| Post-natal | ... | ... | 95 | 35 | 130 |
| Total number of attendances, 3,813 | | | | | |

(b) *Virus Infection Enquiry.*

The enquiry has been continued and doctors and midwives have provided the necessary details of patients concerned including the reports on the children at 1 and 2 years of age. During the year 18 cases of infection and 21 controls were registered. New registrations were not required after 31st December, 1952, when a total of 51 infections and 61 controls had been involved.

(c) *Child Welfare.*

There are 109 Child Welfare Centres in the County (an increase of 19 since 1947) and there are now few places from which mothers and children cannot get to a Centre for advice and instruction. The arrangements for conveyance are in operation at 48 Centres for some mothers and children who are too far away to attend without special transport. All the Centres, except two, are provided by local voluntary Committees, which are affiliated to the County Federation. The voluntary workers are responsible for all the services other than those relating to the professional work of the Medical Officer and the Health Visitor and particularly the social activities. They make arrangements for the provision of dried milk and other foods which are on sale at Centres, and assist in the distribution of Ministry of Food welfare foods. Practically all the Medical Officers at the Welfare Centres are general practitioners and the Centre Committee selects its own Medical Officer annually from a list of doctors approved by the Health Committee. Meetings for education and discussion are arranged by the Executive Committee for voluntary workers thus enabling them to take an intelligent part in the conduct of their Child Welfare Centres. The Child Welfare Centres are held in fixed Clinics, which are the property of the County Council in 9 instances, but the remainder are held in Village Halls or other appropriate buildings with the exception of one which is held on hospital premises.

Each Divisional Medical Officer is responsible for the day to day administration of the Centres in his area, including educational facilities, and overall supervision is given by the Superintendent Health Visitor in nursing matters and by the Senior Medical Officer for Maternity and Child Welfare.

At the Executive Committee meetings of the Federation of Child Welfare Centres various problems are considered, and the views of the Committee are made known to the local Committees through area meetings, now held regularly and well attended. These meetings, together with the General Council Meetings, provide a useful focal point for discussion and for keeping members informed of fresh ideas and the reasons for new developments. Most Centre Committees have now followed the agreed policy of holding annual meetings for election of Committees. Considerable interest has been shown by several Parish Councils in the work of the centres in their locality; the meetings in general are convened by the Clerk of the Parish Council. The Parish Council has also drawn attention to the need for a centre in their parish.

The County Council is responsible for the maintenance of each Centre and accounts are paid by the Voluntary Committee out of individual imprest accounts provided by the County Council. The purchase and sale of proprietary infant foods is dealt with on a separate account and is the sole responsibility of the Voluntary Committee.

There are no consultant clinics, and all children requiring treatment or investigation are referred in the first instance to the family doctor, but by agreement reference is made to specialist clinics. The Centre Committees in conjunction with the health visitors arrange for demonstrations, films, talks, etc. The average attendances at the Centres are high, as can be seen from statistical records. Regular attendance of children under the age of 5 is encouraged, but as the child grows older the attendances fall off and some children never attend once they have become toddlers. To counteract this, at some centres special toddler sessions are held with booked appointments for medical examination. Diphtheria Immunisation is carried out at these Child Welfare Centres but no vaccination is done, as the majority do not hold weekly sessions. The medical record cards now in use are based on school medical record cards and admit of easy transfer of information.

It is understood that only a very few general practitioners hold special child welfare sessions in their own surgeries. There has been one recent request from a general practitioner who wishes to hold a Welfare Centre in his Surgery, which is in an area remote from any Child Welfare Centre, for a Health Visitor to attend and negotiations are proceeding for this to be arranged on an experimental basis.

(d) (i) *Summary of Home Visits during 1952.*

1. By whole-time Health Visitors :

To children under 1 year of age :—

| | | | | | |
|--------------|----|----|----|----|--------|
| First visits | .. | .. | .. | .. | 5,505 |
| Total visits | .. | .. | .. | .. | 51,803 |

To children ages 1-5 years :—

| | | | | | |
|--------------|----|----|----|----|--------|
| Total visits | .. | .. | .. | .. | 78,367 |
|--------------|----|----|----|----|--------|

2. By District Nurse/Health Visitors :

To children under 1 year of age :—

| | | | | | |
|--------------|----|----|----|----|--------|
| First visits | .. | .. | .. | .. | 1,227 |
| Total visits | .. | .. | .. | .. | 15,142 |

To children ages 1-5 years :—

| | | | | | |
|--------------|----|----|----|----|--------|
| Total visits | .. | .. | .. | .. | 18,240 |
|--------------|----|----|----|----|--------|

(ii) *Summary of attendances at Child Welfare Centres.*

No. of new attendances :

| | | | | |
|--------------|-----|-----|-----|-------|
| Under 1 year | ... | ... | ... | 4,672 |
| Over 1 year | ... | ... | ... | 1,417 |

No. of children in attendance at end of year :

| | | | | |
|--------------|-----|-----|-----|--------|
| Under 1 year | ... | ... | ... | 3,826 |
| Over 1 year | ... | ... | ... | 8,100 |
| Total | ... | ... | ... | 11,926 |

Total attendances during year :

| | | | | |
|--------------|-----|-----|-----|---------|
| Under 1 year | ... | ... | ... | 49,652 |
| Over 1 year | ... | ... | ... | 50,526 |
| Total | ... | ... | ... | 100,178 |

Care of Premature Infants.

Where a premature birth can be anticipated encouragement is given for the confinement to take place in hospital and in addition the County is covered by Hospital Flying Squads for the care of premature infants born at home. For babies who remain at home special cots and clothing can be obtained from the Divisional Health Offices. There is complete liaison with the two Hospital Special Units for premature babies, which are available for the County ; from the Southmead Hospital which, covers the south of the County, premature babies are visited on their discharge home until their condition is well established, by a specially trained visitor attached to the unit. A follow up clinic is also held at the hospital for the observation of such children. This scheme is working satisfactorily and there is close collaboration with the hospital and the health visitors in the area.

Supply of Dried Milks, etc.

Welfare foods of the Ministry of Food are issued from all the Child Welfare Centres and from additional points, set up by the Ministry of Food. These are supplied to any mother at a centre even though the children are not in attendance at the Child Welfare Centre. The following is a list of foods which are sold at the Child Welfare Centres together with a list of medicaments which are supplied free of cost :—

Foods.

Proprietary Dried Milks.
 Suitable Cereals.
 Homogenised Fruits and Vegetables.
 Virol.
 Lactagol.

Medicaments.

Fersolate.
 Iron Mixture for children (Ferri et Ammon. Cit. 2gr. to 1dr.).
 Vitamin Preparations : Vitamin A and D.
 Vitamin B.
 Ascorbic Acid.

The lists have been devised after consultation with the Professor of Child Health of Bristol University and Paediatricians working in the area. The small profits on the foods sold at the Centres by voluntary Committees are used by them for their social activities, including the provision of tea for mothers.

Neither foods nor medicaments are issued unless the child is registered at the Centre and only on the direct recommendation of the Medical Officer or Health Visitor in attendance.

Dental Care.

Since the appointed day the dental staff has for the most part been little more than one-third of the approved establishment. Following the issue of Circular 22/52, however, a special effort was made to recruit more dentists. By the end of 1952 the equivalent of 9 4/11ths whole-time officers were employed, another had been appointed to take up duty early in 1953 and approval had been obtained for the appointment of two more as soon as clinics were available. Further, provision was made for increasing the staff during 1953 to the equivalent of fifteen (out of an establishment of seventeen).

In 1948 the Authority had only two fixed dental clinics ; by the end of 1952 eight clinics were in use and plans for six more were in hand. Those designed for full-time use were provided with Units and X-ray Machines, the others with pump chairs, spittoons and electric engines. Two mobile clinics were in use by the end of 1952 but these were for school children only.

Owing to the acute shortage of staff and clinics, expectant and nursing mothers were for the most part referred to general practitioners, who either acted as agents for the Council or treated mothers as general dental service patients. Where difficulty or delay in obtaining treatment was experienced, the mothers were treated by County staff. The charge for dentures provided through the general service led to an increased demand for treatment under the Part III service. By the end of 1952 it had become possible for County dental officers to provide treatment for about one-third of the mothers who were referred. It is anticipated that this service (including dental inspection at ante-natal clinics) will be extended to cover most of the County in the near future. Dentures, where required, were processed by mechanics to the profession.

Greater efforts were made throughout the period to provide a satisfactory service for children under school age, since these were unlikely to receive adequate attention in the general dental service. Although inspection of Day Nurseries and visits to Welfare Centres had to be limited, doctors and health visitors were encouraged to refer children to the clinics for inspection, advice and treatment. Wherever possible all treatment necessary to ensure dental fitness was carried out. As the staff is expanded it will be possible to increase considerably the visits paid to Nurseries and Centres.

Report of the Senior Dental Officer.

An increase in the number of Dental Officers in the County during 1952 enabled additional time to be spent in the treatment of expectant and nursing mothers and young children. At the beginning of the year there were on the County staff 4 whole-time and 5 part-time Officers, making a whole-time equivalent of $6\frac{5}{11}$ Officers. At the end of the year, the staff had increased to 8 whole-time and 3 part-time Officers, a whole-time equivalent of $9\frac{4}{11}$ Officers. An additional Officer had also been appointed to take up duties early in the following year. This improvement in the staffing position was due to a number of factors. It was the declared policy of the Government to attract more dentists into the Local Authority Service as a result of the limitations placed upon entirely free treatment through the General Dental Service. Expectant and Nursing mothers and persons under the age of 21 were specifically exempt from the charge imposed for all dental treatment except for the charge made to the patient for the provision of dentures. In June the Ministry of Health circular 22/52 (published jointly with the Ministry of Education) again expressed the expectation that a fall in demand for treatment under the General Service would encourage more dentists into the Local Authority Service. Authorities were requested to give "urgent consideration" to making "a new, intensive and continuous effort to build up staff of the dental services." Upon receipt of this circular, the Health Committee put forward supplementary estimates for additional staff and clinics, and approved plans for increasing the total of the County's staff up to the equivalent of $13\frac{1}{2}$ whole-time Officers during the following year. 3 more fixed clinics were completed during the year at Staple Hill, Thornbury, and Cinderford. Plans were approved for second surgeries at Stroud and Cheltenham Borough clinics and premises obtained for Cheltenham County Clinic. The County therefore had 5 clinics fully equipped with units and X-ray machines, 2 secondary clinics and 3 clinics in the course of construction. 4 more fixed clinics were approved for 1953/54.

Treatment of Expectant and Nursing Mothers.

The charge on dentures provided through the General Service resulted in a great increase in the demand for treatment provided through the Local Authority "priority" service. 243 mothers were treated as County patients either by County Dental Officers or by General Practitioners acting on behalf of the County. 190 mothers were treated by General Practitioners as County patients compared with 50 in 1951 and 23 in 1950. Treatment was completed for 124 of these patients during the year compared with 13 in 1950. 53 were treated at County clinics, 117 attendances being made for treatment. By the end of the year facilities for the treatment of mothers were available in the Filton, Gloucester and Cheltenham areas. A few mothers were treated at other clinics and it was proposed to extend the arrangements early in the following year. Little inspection of patients at ante-natal clinics was carried out, except latterly in the Filton-Patchway area, but it is intended as soon as the staffing position improves to undertake regular dental inspection of expectant mothers. Only 20 patients were recorded as dentally fit since the clinic treatment was chiefly undertaken towards the end of the year. As a result, the treatment for a number of mothers (including dentures) was continued into the next year. As this work increases it will be more convenient and economic to set up a County Dental Laboratory.

Treatment of Children under Five.

Although no dental inspection at Welfare Centres was carried out during the year, and only two day nurseries were inspected, it is satisfactory to record that more children under five received treat-

ment than in the previous year. Some measure of the growth of the scheme may be seen in that more than ten times the number of children were treated in 1952 than in 1948 and the number of the conservative treatments was almost 20 times greater. This increase is primarily due to the facilities now available for treatment in the fixed clinics. A steadily increasing number of pre-school children is being referred by Medical Officers and Health Visitors and many parents now bring young children on their own initiative. Although the service falls very far short of what it should be, it is nevertheless encouraging that the numbers of children treated show a steady increase from year to year. As the staffing position improves, it is intended that regular visits shall be made to Day Nurseries and Welfare Centres.

Wherever possible all the treatment necessary to ensure dental fitness was carried out, but for some children it was only possible to remove aching or septic teeth. The ratio of conservative treatments to extractions was, however, 1.4 to 1 and 56% of the children treated were recorded as being made dentally fit. Copper amalgam was used for the majority of fillings, which totalled $2\frac{1}{2}$ times those recorded for the previous year. Fewer teeth were treated with silver nitrate and a number similar to the previous year's with a dressing of zinc oxide and eugenol. More extractions were found necessary amounting to 1.3 per child treated. The majority of extractions were carried out under Vinesthine administered with an Oxford inhaler by a second dental officer.

The statistical table required by the Ministry is given below and contains the record of work carried out during the year.

(a) *Numbers provided with dental care.*

| | | <i>Examined</i> | <i>Needing treatment</i> | <i>Treated</i> | <i>Made dentally fit</i> |
|-------------------------------|-------|-----------------|------------------------------|----------------|------------------------------|
| Expectant and Nursing Mothers | .. | 62 | 61 | 53 | 30 |
| Children under five | .. .. | 419 | 383 | 370 | 206 |

(b) *Forms of dental treatment provided :—*

| | Extractions | Anaesthetics | | Fillings. | Scalings or Scaling and Gum Treat- ment | Silver Nitrate treatment | Dressings | Radiographs | Dentures provided | |
|-------------------------------------|-------------|--------------|---------|-----------|--|-----------------------------|-----------|-------------|----------------------|---------|
| | | Local | General | | | | | | Complete | Partial |
| Expectant and Nursing Mothers | 139 | 26 | 26 | 31 | 23 | — | 13 | 2 | 1 | 7 |
| Children under 5 | 470 | 76 | 160 | 327 | 1 | 189 | 159 | — | — | — |

Other provisions.

(a) *Holiday Home* care is provided for mothers and young children where a medical recommendation is received stating such care is necessary and medical and/or nursing care is not required. 14 mothers and 27 children were sent to Homes at Slinfold and Weston-super-Mare during the year.

(b) *Day Nurseries*.—There are now 5 day nurseries and admissions are approved by the Area Health Sub-Committees on the following priority basis :—

(i) *Women Fully Employed.*

- (a) Unmarried mothers.
- (b) Widows who require to supplement their pensions.
- (c) Women with disabled husbands.

(ii) *Women for whom Home Help cannot be obtained.*

- (a) Women with large families who require assistance with their young children.
- (b) Women in chronic ill health who are unable to cope with household duties and the care of young children.
- (c) Women who, through confinement, must arrange for the care of toddlers.
- (d) Women faced with an emergency, such as serious illness in the home.

(iii) *Widowers who have been unable to make other arrangements for the care of their children.*

(iv) *Children from unsatisfactory homes.*

During the year consideration has been given to the taking up of places not required for priority admissions but, with the exception of two Nurseries, all places are required for priorities. There does not appear to be any further need of Day Nurseries and in the smaller towns and villages the health visitors assist the mothers who have a priority need in finding suitable care for the children whilst the mother is at work. All the Day Nurseries are training centres and there is close co-operation in the training of student nursery nurses with the Children's Committee which provides practical training for students in residential nurseries, and with the Education Committee which provides the necessary educational courses at two of the technical colleges, and accepts students at Nursery Schools.

The five nurseries provide 52 places for children from 0—2 years and 135 places for children from 2—5 years. At the end of the year there were on the register 46 children under 2 years and 130 children from 2—5 years. The average daily attendance throughout the year was 29 in the younger group and 101 in the older age group.

There are 50 places for the training of students between the various approved institutions. There were 26 first year students and 24 second year students in training during the year. Thirteen of the 14 students who sat the examination of the N.N.E.B. passed successfully.

(c) *Nurseries and Child Minders Regulation Act, 1948.*—At the end of the year there were only five child minders registered and although it is of some advantage to know who are the child minders, it is considered that the wording of the Act is most unhelpful in supervising children in the care of these minders. There are no private or industrial day nurseries in the County.

(d) *Any other provision.*—Children under the age of 5 are referred when necessary to the Child Guidance teams, speech therapists, orthopaedic after-care sisters and ophthalmic service, these facilities being provided in the main for the care of school children.

(e) *Residential Nurseries.*—These are provided by the Children's Committee. The Council's medical staff is responsible for periodic routine examinations of children in the Nurseries and for hygiene and routine medical inspections and the County Medical Officer of Health is the health adviser to the Children's Committee.

(f) *Women's Welfare Clinics.*—These are held at Cheltenham, Cinderford, Cirencester, Filton, Soundwell and Stonehouse. With the exception of Cheltenham and Filton, advice on Women's Welfare and Birth Control is given at the Ante-natal clinics, where post-natal examinations are also carried out. Contraceptive advice is given only where there is a medical certificate stating a further pregnancy or confinement would be prejudicial to the mother's health. Arrangements are also made with the Gloucester City Birth Control Clinic for County patients to attend where necessary. The County Council has assisted the Family Planning Association in providing accommodation, free of charge, for a Family Planning Clinic which is to be held in Cheltenham and some mothers in the South of the County attend the Association's Clinic in Bristol. The family Planning Association deals with mothers who desire advice on Birth Control for reasons beyond those for which the County Council can accept responsibility.

(g) *Arrangements for confinement.*—Of the births in the County which have varied from 7,460 in 1948 to 7,054 in 1952 nearly two-thirds take place in hospitals or nursing homes. There is still a great demand for beds in hospital for confinement and a large number of applications are received from doctors, nurses, health visitors and patients. 3,007 applications were dealt with during the year. Where the application is made on medical grounds admission is arranged without question. The suggestions embodied in Ministry of Health Circular H.M.C.(51)68 have been in operation since 1948 and are accepted by the majority of doctors and hospitals, though some practitioners consider that all primiparae should ipso facto be admitted to hospital.

A report from the health visitor is considered on every application for admission on social grounds, sometimes with additional information from the doctor or midwife. All the applications are dealt with by the same medical officer of the department in order to obtain as far as is possible an equal standard of assessment of need. Where the provision of a Home Help will meet the lack of adequate care this service is offered and in each domiciliary confinement care is taken to see that adequate domestic arrangements are possible. In 207 cases only during 1952 were the patients informed that their circumstances did not merit a hospital bed.

The Health Department has continued to act as the agent for the hospitals in North Gloucestershire for all maternity bookings ; in the maternity units in the South of the County and Bristol there has been close co-operation with the Management Committees.

The continued large number of hospital confinements has reduced the number available to domiciliary midwives with some detriment to their practical experience and interest. It is hoped that as more houses become available the number of domiciliary confinements will increase.

(h) *Hostels for Unmarried Mothers and their babies.*

At a conference held in 1949, between members of the Health, Welfare and Children's Committees, it was agreed that the Health Committee was the appropriate Committee to undertake the provision of accommodation for unmarried mothers and their babies and for married women with illegitimate children. So far as unmarried girls with their first or second illegitimate children are concerned, the responsibilities have been met, on short term lines, either at St. Catherine's Home or on a case basis by admission to Mother and Baby Homes outside the County. Unfortunately there remains the long-stay problem, which up to now has been met by the Welfare Committee, in providing accommodation along with other users of Part III accommodation under the National Assistance Act in what was formerly a Public Assistance Institution.

The Health Committee desire to provide a Home where the mothers can remain with their children and go out to work for a period whilst rehabilitation is being established. A house suitable for the purpose was found but the Ministry of Health was unable to approve the necessary expenditure because of limitation of capital spending. The present unfortunate position of these mothers, some of

whom have low social or moral standards, is that they continue to be housed in the old Institutions until arrangements can be made for them or they can help themselves. In a few cases they drift on and have further illegitimate children and are supported by the National Assistance Board and continue to live in unsatisfactory Part III accommodation. Owing to the action of the Ministry, the Health Committee has been unable to accept its responsibilities and in the meantime the Welfare Committee has done all it can in the accommodation at its disposal. The Health Visitors visit frequently, often daily, and try to ensure some orderliness and acceptance of responsibilities for common cooking stoves, etc., and give guidance on domestic management. These unmarried women are sharing accommodation with families who have been evicted or who have never had a home, and as no effective discipline can be applied to them a few seek every opportunity they can of placing the responsibility for the care of their children, in the evenings, on other people, and haunting the streets themselves. The position is recognised by all the Committees concerned as entirely unsatisfactory. The fact that there were five infant deaths from amongst these families in a period of three years should emphasise the urgency for a solution of this problem, which is not unique to this County.

The need for a special home for this type of mother, where she can be under the guidance and care of someone with the necessary sympathy and knowledge, is self evident.

During 1952, 28 new cases were reported from the Bristol Diocesan Association and 254 from the Gloucester Diocesan Association.

71 girls were admitted to St. Catherine's Home, of whom 58 were from the County and 13 from other authorities. 32 women from Gloucestershire were admitted to other Homes outside the County.

Problem Families.

The Officers' Committee has continued to consider those cases where no apparent progress could be made towards the improvement of the family circumstances and surroundings. With the joint efforts of Officers of Voluntary and Official bodies it was possible to give assistance to certain families in various directions, such as, recuperative holidays where mothers and children were not in good health, supply of clothing, bring pressure to bear for rehousing and so on. In all the Committee dealt with 62 new cases and left under supervision 73 old cases during the year.

(i) *Infant Deaths.*—The infant death rate is steadily declining, apart from the slight check this year, but in Cheltenham Borough the rate has not fallen so steeply as in the County and as a result of an investigation, which suggested that Cheltenham has a proportionately higher illegitimate birth rate and a higher prematurity birth rate, a joint conference of Obstetricians, Paediatricians, General Practitioners and Local Health Authority Medical Officers and all persons concerned ante-natally and post-natally was held. A survey is being made over a two year period into each death to ascertain what factors play an important or common part.

During 1952 there were 194 deaths of children under one year, which represents an infant mortality rate of 28.23, the rate for England and Wales being 27.6.

This County rate is an increase on the previous year, viz. 26.59. 54 of the deaths occurred between 1 and 12 months; the causes being as follows :—

| | | | | | |
|-----------------------|----|----|----|----|----|
| Broncho-Pneumonia | .. | .. | .. | .. | 17 |
| Gastro-enteritis | .. | .. | .. | .. | 9 |
| Other infections | .. | .. | .. | .. | 7 |
| T.B. Meningitis | .. | .. | .. | .. | 3 |
| Congenital conditions | .. | .. | .. | .. | 12 |
| Asphyxia | .. | .. | .. | .. | 1 |
| Other causes | .. | .. | .. | .. | 5 |

140 deaths occurred within 4 weeks of birth, a neo-natal death rate of 20.66 as against a rate of 17.53 for 1951. Of those 86 were premature births.

The causes of death apart from prematurity were :—

| | | | | |
|------------------------|----|----|----|----|
| Congenital deformities | .. | .. | .. | 14 |
| Birth Injuries | .. | .. | .. | 1 |
| Aletectasis | .. | .. | .. | 13 |
| Bronco-pneumonia | .. | .. | .. | 9 |
| Cerebral haemorrhage | .. | .. | .. | 10 |
| Other causes | .. | .. | .. | 7 |
| | | | | — |
| | | | | 54 |
| | | | | — |

Premature Babies.

| | | | | |
|------------------------------------|----|----|----|-----|
| (i) Number born at home | .. | .. | .. | 128 |
| (ii) Number born in Hospital | .. | .. | .. | 302 |
| (iii) Number born at Nursing homes | .. | .. | .. | 11 |
| | | | | — |
| | | | | 441 |
| | | | | — |

40 of the babies born at home were transferred to hospital, plus 2 of the babies born in nursing homes.

| | | |
|---|----|----|
| (i) Of the remaining 88 babies nursed at home | .. | 8 |
| (ii) Of the babies born in hospital | .. | 60 |
| (iii) Of the 40 transferred to hospital | .. | 17 |
| (iv) Of the 9 nursed in private nursing homes | .. | 1 |
| | | — |
| | | 86 |
| | | — |

Six of the eight babies remaining at home died within 24 hours ; four of them weighed 3 lbs. 4 ozs. or less at birth—the other two weighed 4 lbs. 6 ozs. The remaining two babies who died before the 7th day also weighed over 4 lbs. 6 ozs. The infant who died in a nursing home within 24 hours weighed less than 2 lbs. 3 ozs.

Records are not given concerning the babies who died in hospital. These are sent directly to the Ministry of Health but from 1st January, 1953, these records will be made available to the Health Department in accordance with Circular 37/52 (31st December, 1952) of the Ministry of Health.

There was a reduction in the number of deaths between 1 and 12 months and in the number due to broncho pneumonia. The cause of the increased mortality rate is probably to be found in the group of premature babies, although there were more cases of deaths this year under 4 weeks from pneumonia.

The midwives are alive to the need for special care for premature or immature babies at home and there is no difficulty in admitting to hospital children who require additional facilities.

Still births.

There were 146 still births among the 7,018 registered births during 1952. This is a still birth rate of 20.8, which is a decrease on previous figures.

The cause of many still births is difficult to assign but some information is gained by an investigation into 17 cases which occurred in domiciliary midwifery practice.

Cases when foetus was alive at onset of labour.

| | | | | |
|-----------------------|-----|-----|-----|---|
| Abnormal presentation | ... | ... | ... | 2 |
| Breech | „ | ... | ... | 3 |
| Twins | ... | ... | ... | 2 |
| No apparent reason | ... | ... | ... | 1 |
| | | | | — |
| | | | | 8 |
| | | | | — |

Cases where foetus was dead at onset of labour :—

| | | | | |
|-----------------------|-----|-----|-----|---|
| Abnormality of foetus | ... | ... | ... | 2 |
| Foetus macerated | ... | ... | ... | 3 |
| Placenta abnormal | ... | ... | ... | 3 |
| No reason | ... | ... | ... | 1 |
| | | | | — |
| | | | | 9 |
| | | | | — |

Five of the cases occurred in first pregnancies and six in women who had 4 or more children.

(VI) DOMICILIARY MIDWIFERY.

The County Nursing Association employ 153 domiciliary midwives, 132 of whom are also engaged in home nursing duties. 24 midwives on the emergency staff are employed directly by the County Nursing Association. During 1952 these midwives attended 2,031 cases as midwives and 332 as maternity nurses. There are 19 midwives in private practice or employed in private maternity homes who attended 8 cases as midwives and 74 as maternity nurses at home and 168 as midwives and 228 as maternity nurses in nursing homes. The arrangements for ante-natal care and co-operation with general practitioners and general practitioner obstetricians and hospitals have been outlined above. Four members of the medical staff are approved as Medical Supervisors and the County Nursing Superintendent and the two Assistant Superintendents as non-medical supervisors. The latter carry out routine visits which include supervision of the practical work of the midwives at confinements, at nursings, and inspection of records. Medical supervisors visit hospitals, nursing homes, the County midwives and those in private practice periodically.

Gas and Air Analgesia.

Number of Midwives qualified to administer gas and air analgesia :—

| | | |
|---|-------|-----|
| (i) In hospitals in the National Health Service | .. | 48 |
| (ii) In private nursing homes | .. .. | 7 |
| (iii) In domiciliary practice : | | |
| (a) employed by voluntary associations | .. | 139 |
| (b) in private practice | .. .. | 2 |

Number of sets of apparatus in use in domiciliary practice .. 125

Number of cases in which gas and air analgesia was administered during the year by midwives in domiciliary practice :—

| | | |
|------------------------------------|-------|------|
| (a) when acting as midwife | .. .. | 1373 |
| (b) when acting as maternity nurse | .. .. | 248 |

It will be seen that in 68 per cent. of the domiciliary cases the patients received gas and air analgesia.

Pethidine.

This drug was given to 730 domiciliary patients during the year.

Annual refresher courses of four days for all nurses and midwives employed in all sections of the health services have been held for many years. Special sessions are devoted to midwifery and every midwife in the County is enabled to attend some part of the course. As many midwives as can be spared are sent annually to recognised Post-Graduate Courses, 8 having attended during the year. When considered necessary, midwives may be given longer residential practical refresher courses, in some cases lasting three months. The Nursing Superintendent and her two assistants organise area conferences for District Nurses/Midwives when new techniques are demonstrated and useful discussions arise.

The Council has arrangements with four Part II training schools to provide district training for pupil midwives for Part II of their examinations. 11 midwives have been approved by the Central Midwives Board as domiciliary teaching midwives and 9 pupil midwives can be accepted at any one time. In view of the demand for hospital beds it is frequently difficult to give the pupils the requisite number of district cases with one midwife.

The policy of providing each district nurse/midwife and each midwife with a car has been adopted, the majority of the cars being owned by the Council. The provision of suitable housing has occupied much attention and a programme of priorities for the provision of houses has been followed. Only one new house with a district room has so far been erected but approval for several others is now awaited. Only in Cheltenham and Kingswood is a Home provided for more than two nurses together.

*Nursing Staff.**County Nursing Association*

| | | |
|--|-----|----|
| Queen's Nurses (including 3 Superintendents) | ... | 79 |
| S.R.N., S.C.M. | ... | 26 |
| S.C.M., S.E.A.N. ... | ... | 23 |

Cheltenham

| | |
|--|----|
| Queen's Nurses (including 2 Superintendents, 1 Male Nurse) | 11 |
| S.R.N., S.C.M. (1 Superintendent) ... | 3 |
| S.C.M. ... | 3 |
| S.E.A.N. (1 part time) ... | 5 |

Kingswood

| | |
|---|---|
| Queen's Nurses (including 1 Superintendent) | 2 |
| S.R.N. ... | 1 |
| S.C.M. ... | 3 |
| S.E.A.N. ... | 1 |

Total Staff 157

Six nurses completed the Health Visitors' training course.

Nine nurses completed Queen's District training course.

Post graduate Courses.

Miss Bach, County Superintendent, attended the Annual Conference of Non-Medical Supervisors' of Midwives in London.

Miss I. M. Collin, Assistant Superintendent, attended the Course for Junior & Senior Nursing Administrators at Roffey Park, Sussex.

6 Nurses attended the Queen's Course at Bangor, North Wales.

6 Nurses attended the Post Graduate Midwifery Courses at Bristol and Chorley, Lancs.

One of the nurses, Miss Shaddick, of Parchway, won an Essay Competition held by the Queen's Institute and was awarded a Post Graduate Course in general nursing.

Summary of Work of Superintendent and Assistants.

| | | | | |
|-----------------------------------|-----|-----|-----|-----|
| Inspection of Nurses and Midwives | ... | ... | ... | 243 |
| Special visits of enquiry | ... | ... | ... | 43 |

Record of District Nurses Work—January to December, 1952.

New Cases

| | | | | | | | |
|--|-----|-----|-----|-----|-----|-----|--------|
| Midwifery | ... | ... | ... | ... | ... | ... | 2,031 |
| Maternity | ... | ... | ... | ... | ... | ... | 332 |
| Early Discharges from Hospital (Maternity) | ... | ... | ... | ... | ... | ... | 199 |
| General | ... | ... | ... | ... | ... | ... | 14,973 |

Total visits

| | | | | | | | |
|----------------------------|-----|-----|-----|-----|-----|-----|---------|
| Midwifery | ... | ... | ... | ... | ... | ... | 43,554 |
| Maternity | ... | ... | ... | ... | ... | ... | 7,852 |
| Ante-natal | ... | ... | ... | ... | ... | ... | 27,312 |
| Ante-natal Clinic | ... | ... | ... | ... | ... | ... | 3,162 |
| Ante-natal Home Conditions | ... | ... | ... | ... | ... | ... | 2,055 |
| Post-natal | ... | ... | ... | ... | ... | ... | 1,901 |
| General nursing | ... | ... | ... | ... | ... | ... | 279,132 |
| Casual | ... | ... | ... | ... | ... | ... | 22,512 |
| Care of Aged | ... | ... | ... | ... | ... | ... | 1,358 |
| Others | ... | ... | ... | ... | ... | ... | 256 |
| Women's Welfare Clinics | ... | ... | ... | ... | ... | ... | 15 |
| Total | ... | ... | ... | ... | ... | ... | 406,930 |

(VII) MATERNAL DEATHS.

There were six deaths of women during 1952 associated with pregnancy or confinement, a maternal normality rate of .85. Three of them occurred in cases of miscarriage, one due to toxæmia took place before delivery and two due to eclampsia after confinement. Full investigations were made in accordance with the instructions of the Ministry of Health. All the deaths occurred in hospital. •

(VIII) HEALTH VISITING.

The more urban parts of the County are covered by 63 whole time health visitors, and in the remainder of the County 52 district nurse/midwives give one-third of their time to health visiting. All the whole-time health visitors hold the Health Visitors' Certificate. Of the 52 District Nurse/Health Visitors 33 hold the Health Visitors' Certificate and 19 of these have obtained it through assisted schemes or during periods of study leave granted by the County Council. Each health visitor is given an area in which there are a limited number of children under the age of 5, so that she can make regular periodic visits to all the children on her register in addition to her attendances at Child Welfare Centres. For part of her time she is the school nurse and responsible for all hygiene inspections in the schools in her area. The health visitors are encouraged to give health education lectures in schools. In addition to their visits to nursing mothers and young children they visit expectant mothers and are responsible for educational work for the expectant mother at ante-natal clinics in their area. They are also the Tuberculosis Health Visitors. The scope of duties of health visitors has been widened to cover all the responsibilities of Section 24 of the National Health Service Act in addition to giving advice and help to old people in their own homes. In some parts of the County a register of old people is maintained by Voluntary Committees and it is kept up-to-date through the work of the health visitors. Health visitors are encouraged to work closely with general medical practitioners and the success they have had in this has depended not so much on the advice which they have received but on the local conditions and upon the receptions which they have had. They work closely with the local hospitals and reports on after care and home conditions are dealt with by health visitors. Through the Superintendent Health Visitor there is close co-ordination with the Almoners of Hospitals. All nursing procedure, whether as part of hospital after-care or requests by the general practitioners are, however, carried out by district nurses and not by the whole-time health visitors. Health Visitors attend at all Chest Clinic Sessions held in their areas and are represented at the Chest Physician's weekly conference.

The County Council maintains a Health Visitors' Training Course, which is run by the Health Committee in conjunction with the Education Committee at the North Gloucestershire Technical College. The fourth course is now being held and is for 12 students and covers three academic terms. The courses in previous years have provided sufficient new applicants to the service to provide a Health Visiting service which is now up to full establishment. The majority of the students are selected for the assisted course. They are required to give one year's service to the County after qualification. The annual refresher course previously referred to is available to health visitors and in addition a selected number of health visitors in each year are sent, at the Council's expense, to nationally organised Refresher Courses. In every second year a Weekend School is arranged at Cowley Manor for all the health visitors. Lecturers are engaged from within and outside the Health Service.

The health visitors act as Child Life Protection Visitors on behalf of the Children's Committee for foster children under the age of 2 years.

Negotiations are proceeding to provide in one area for the health visitor to attend a Child Welfare Session held by a general practitioner in his own surgery.

The increase in staff was due largely to the intake of students from the Health Visitors' Training Course and at the end of 1952 the establishment was almost complete, there being 60 engaged full-time and 52 part-time. There was an encouraging increase in the number of District Nurses

holding the Health Visitor's Certificate. In addition one Health Visitor gave valuable help part-time acting as liaison officer between the Bristol Chest Clinics and the Health Visitors working in that part of the County served by them.

The Health Visitor in charge of the Ante-Natal Clinic at St. Paul's Hospital, Cheltenham, arranged a programme of talks and demonstrations which has been much appreciated.

Special supervision is given to the families living in the Welfare Committee's Part III accommodation at St. Paul's, Cheltenham.

There has been an increase in the amount of educational work among outside organisations, e.g. Civil Defence Units, Red Cross and St. John's Youth Organisations, undertaken by the Health Visitors and an increasing use has been made of the Health Visitor Tutor who has given advice and lent books and materials. Two Health Visitors at Tewkesbury arranged a special course of lectures there. The Health Visitors in Cheltenham took a stall in the local Safety First Exhibition and wrote, produced and acted in a play put on during the week.

The Ministry of Health continued to send foreign students for observation in the county and in addition one Health Visitor from New Zealand exchanged for a year with one of the staff.

The Superintendent Health Visitor returned from the United States in July. Her time had been spent largely in the field of Health Education and in a study of the public health services available to the family, particularly in the State of Minnesota.

The Acting Superintendent Health Visitor, Miss F. Collins, left for a Superintendent Health Visitor's post in Oldham County Borough and Miss F. Fortnam, one of the County Health Visitors, was later appointed to fill the vacancy as Deputy Superintendent Health Visitor.

Miss Furness who resigned in 1951 to take a post in Canada returned to a vacancy in Cheltenham.

The problem of keeping a scattered staff together and informed of current events affecting health visiting was met in various ways, by the usual staff meetings, by post-graduate courses arranged by National organisations and by the week-end course arranged at Cowley Manor. This last was a great success, enthusiastically enjoyed by the whole staff, who felt rewarded for giving up their free time.

The co-operation received from other services has been good and all requests are promptly met. Special mention should be made of the help given by the Chest Physician, and his staff, to ensure that the Health Visitors were given as much information as possible about people suffering from or in contact with pulmonary tuberculosis.

Total visits paid—203,244.

Clinics attended—11,501.

Details of these appear under appropriate headings.

(IX) HOME NURSING.

This service is provided in the same way as the domiciliary midwifery service, and through it there is close co-operation with the general practitioners. Hospital Almoners and Sisters communicate directly with the District Nurses. The following are the numbers and types of cases

attended by the home nurses during the year 1952:—

| | | | | | | |
|-----------------------------------|-----|-----|-----|-----|-----|---------|
| Medical | ... | ... | ... | ... | ... | 11,032 |
| Surgical | ... | ... | ... | ... | ... | 3,941 |
| Total number of patients attended | ... | ... | ... | ... | ... | 14,973 |
| Total number of visits paid | ... | ... | ... | ... | ... | 279,132 |

No continuous night service is provided but the nurses are available for all emergency cases and to do such visiting or late night nursing or give injections as may be required. In one urban area male district nurses are also employed and are much appreciated for special types of nursing.

Refresher courses for nursing staff are run on the same lines as for midwifery and health visiting staff and paid leave for district nurse training at Queen's Institute Training Homes is allowed.

(X) VACCINATION AND DIPHTHERIA IMMUNISATION.

The main effort to sustain and secure vaccination and immunisation of the child population is through the health visitors, both at Child Welfare Centres and on domiciliary visits. A consent form for vaccination is delivered to the mother of each child when it reaches the age of 4 months and she is advised to take the completed form, and the child, to her own general practitioner. In respect of immunisation against diphtheria the same procedure is adopted when the child reaches the age of 6 months and as immunisation is carried out at most of the Child Welfare Centres the mother has the additional opportunity of taking the child to the Child Welfare Centre for immunisation.

When a child reaches the age of $4\frac{1}{2}$ years the Health Visitor advises on and points out to the mother the need for and opportunities which are available for a boosting injection against diphtheria. If the child has not been immunised or had a boosting dose on school entry, facilities are offered at the time of the first medical inspection and this is repeated at the subsequent periodic routine medical inspection.

No arrangements have been made for immunisation against whooping cough but a scheme will be put into operation as soon as the Medical Research Council has completed its present enquiries and made recommendations with regard to a suitable and available prophylactic material.

(a) *Vaccination against Smallpox.*

The following table shows details of the successful vaccinations for which records were submitted.

| Vaccination | Under 1 year | 1 year | 2—4 years | 5—14 years | Over 15 years | Total |
|-----------------------|-----------------|--------|--------------|---------------|------------------|-------|
| Primary | 1,805 | 108 | 123 | 159 | 368 | 2,563 |
| Re-Vaccination | 12 | 3 | 35 | 129 | 810 | 989 |

(b) *Diphtheria Immunisation.*

The following table gives the total number of immunised children up to 15 years of age.

| Age at 31.12.51. i.e. born in year | Under 1 1952 | 1 1951 | 2 1950 | 3 1949 | 4 1948 | 5-9 1943-47 | 10-14 1938-42 | Total under 15 |
|--|----------------------------|-----------|-----------|-----------|-----------|-------------------------|------------------|------------------------|
| Number immunised | 686 | 3,898 | 4,597 | 4,830 | 4,994 | 23,727 | 21,913 | 64,645 |
| Estimated mid-year child population 1952 | Children under 5 35,600 | | | | | Children 5-14 66,900 | | Under 15 102,500 |
| Percentage immunised | 53 | | | | | 68 | | 63 |
| Corresponding percentage for 1951 | 50 | | | | | 78 | | 69 |

(XI) *AMBULANCE SERVICE.*

The following table gives details of cases carried by the Ambulance Service under the National Health Service Act, 1946, during the four full years from 1st January, 1949.

| | Patients | | | | Mileage | | | |
|------|----------|----------|--------|--------|---------|----------|---------|-----------|
| | Amb. | S/C Cars | HCS | Total | Amb | S/C Cars | HCS | Total |
| 1949 | 22,958 | 5,397 | 35,696 | 64,05 | 373,071 | 68,575 | 875,970 | 1,337,616 |
| 1950 | 19,321 | 11,444 | 36,997 | 67,762 | 348,330 | 81,119 | 780,465 | 1,209,914 |
| 1951 | 23,600 | 22,240 | 29,086 | 74,926 | 367,075 | 188,842 | 606,327 | 1,162,244 |
| 1952 | 30,628 | 36,260 | 21,385 | 88,273 | 388,617 | 288,148 | 434,414 | 1,111,179 |

Doctors and Hospitals are becoming increasingly conscious of the need for economising in requests for transport and in co-ordinating their needs. Every effort is made to group patients either at the beginning or end of the Clinics and to economise as far as possible in the use of vehicles.

The peak of demand has by now probably been reached. The 1952 figures of patients carried include 6,774 Mental Health cases transported to Occupation Centres and also represent for the first full year the Ministry's ruling that outpatients taken to and from Hospital count as one journey but two patients even though such patients were returned by the same vehicle.

The average number of patients carried by all types of vehicles per journey was 1.1 in 1949, and in 1952, 2.4, while the average number of miles per patient decreased in 1949 from 20.8 to 12.5 miles in 1952. The use of radio has contributed to this result.

The following table gives details of the percentage of work performed by the three branches of the Service.

| Year | Ambulances | S/C Cars | H.C.S. |
|------|------------|----------|--------|
| 1949 | 35% | 8% | 57% |
| 1950 | 28% | 17% | 55% |
| 1951 | 32% | 30% | 38% |
| 1952 | 36% | 40% | 24% |

In 1952 the total number of patients carried is divided as follows:—

| | | |
|----------------------------|--------|------------------|
| Admissions (Non-emergency) | ... | 9% |
| Discharges | ... .. | 2% |
| Transfers | ... .. | 2% |
| Outpatients | ... .. | 64% |
| Mental Health | ... .. | 14% |
| Other Authorities | ... .. | 2% |
| Emergencies | ... .. | 7% |
| | | <hr/> 100% <hr/> |

The sharp rise in sitting-case car patients during 1952 is largely due to the number of mental defectives transported to and from Occupation Centres and the demand for conveyance of patients to and from hospital out patient departments for physiotherapy.

During the year the Hospital Car Service did valuable work in carrying cases which could not economically be transported by County sitting-case cars and the kindly attitude and patience of the drivers has contributed in no small measure to the success of this branch of the Service. Miss Scott, County Director, Red Cross, and her staff have continued their valuable co-operation and help.

Vehicles.

At the end of the year 26 ambulance vehicles were in operation with 3 old-type vehicles in reserve. 5 old vehicles were in store awaiting disposal.

The Bedford Ambulance with sprung body is the standard vehicle in use.

During the year 2 old ambulance vehicles were adapted to carry mental defective children to the Forest of Dean Occupation Centre, until more suitable vehicles can be provided. These vehicles, with 11 "Utilecon" type cars are also engaged in carrying sitting cases.

A number of back rests are now held at each Station for use when required on stretchers. Each new model now has gripping bars for stretcher patients, hooks for transfusion bottles, etc.

Stations.

The improvement in Station accommodation proceeds slowly. At Wotton-under-Edge a new Station has been erected and is being used as a prototype for the erection of other Stations.

At Dursley and Berkeley work should shortly commence on the erection of new premises.

Plans are still in progress for the erection of new Stations at Moreton-in-Marsh, Cirencester and Lydney and it is hoped that these will be built in 1953.

Radio.

16 vehicles are equipped with radio which has resulted in a marked increase in efficiency and economy. The total number of hours worked by the men, the total amount paid in wages, the number of men employed, telephone calls made and miles covered per patient have all decreased. While

these economies cannot all be directly attributed to radio, this development has contributed very greatly to the result.

Charges.

During the year the County Councils' Association has recommended a standard rate of inter-charge between County Authorities of 2/- per mile for ambulance and 9d. per mile for sitting-case cars. Cases carried on behalf of the National Coal Board are charged at the estimated cost. County Borough Councils have not agreed a standard rate of charge and each Borough Authority is entitled to make a separate agreement for work carried out on behalf of other Authorities.

(XII) PREVENTION, CARE AND AFTER-CARE.

(1) *Tuberculosis.*

Prevention, care and after-care of tuberculosis is closely integrated with the work of the Chest Physician. This differs in the North and South of the County because the County is divided into two clinical areas. In the North Gloucestershire Clinical area the Chest Physician works closely with all the members and staff of the Health Department, including the health visitors and district nurses and District Medical Officers of Health by a frequent and regular interchange of information. In addition the Chest Physician holds a weekly staff conference at which all the clinicians working with him and at the Sanatoria attend, together with the Superintendent Health Visitor, the Social Worker from a Sanatorium and such Medical Officers as are able. A complete system of follow-up for contacts and patients is in operation and all the clerical and administrative work involved is under the direct control of the Chest Physician. The Health Visitors' environmental reports are considered when the patient's clinical condition is reviewed at the staff conference and all recommendations with regard to housing are forwarded through the District Medical Officers. Recommendations for after-care, the provision of nursing or the care of non-tuberculosis contacts are made to the Health Department which operates a free milk service. There have been set up in all the eight health areas Tuberculosis After-Care Committees at which the local health visitor and the Chest Physician or members of his staff attend. So far as the clinical area covering the South of the County is concerned, a part-time County Health Visitor attends at clinical sessions and is able to ascertain the needs of, and make recommendations with regard to the assistance required by all County patients attending. Her reports go to the appropriate health visitors and District Medical Officers of Health concerned.

B.C.G. Vaccination is carried out by them on such contacts as the Chest Physicians consider necessary and under such conditions as they approve. Isolation of the child to be vaccinated is obtained by the infectious person being admitted to hospital or if necessary the child's admission to one of the Children's Committee Residential Nurseries through the good offices of the Children's Officer.

There were 191 persons vaccinated through the Council's approved arrangements during 1952, making a total of 343 since the scheme commenced.

During 1952 343 persons were notified as suffering from pulmonary, and 76 from non-pulmonary tuberculosis.

Two Miniature Mass Radiography Units cover the County and periodic consultations are held to prepare programmes for areas to be covered. The programme is linked with arrangements for examining senior boys and girls in the Secondary Schools. Arrangements are made for attendance of all staff who work closely with young children.

ANNUAL REPORT OF THE NORTH GLOUCESTERSHIRE CHEST PHYSICIAN.

There is nothing special to report in the routine work of the Department, which has carried on in the same way as in previous years.

By agreement between the two Regional Boards concerned, beds were put at our disposal in Salterley Grange Sanatorium, near Cheltenham, which has hitherto catered exclusively for Birmingham patients: a very gradual take-over of the remaining beds has been accepted as official policy.

The appointment of Dr. Haczkiwicz as Medical Superintendent of Salterley Grange has meant that we can take further steps to deal with the difficult tuberculosis problem which arises amongst the Polish Hostels in the North Cotswold clinical area, and Dr. Haczkiwicz has already started running regular Clinics at Moreton-in-Marsh Hospital for these patients.

The Mass Radiography Unit is now visiting these Hostels twice a year, and it is planned to carry out a mass B.C.G. vaccination of the tuberculin-negative children in two or three of these Hostels.

Mass Radiography.

Dr. Hayward has written a report on the work done in the County in 1952. I would like to support his comments on the present unsatisfactory position which arises over the day-to-day administration of the Unit. It either needs its own Organising Secretary or else the present Organising Secretary at Bristol is in need of more assistance. There are of course definite advantages in a Regional organisation of Mass Radiography; especially in the fact that special surveys can be planned and extra Units deployed in carrying out short-term concentrated drives on a big town in this or another part of the Region. To run the Unit efficiently necessitates the presence of the Organising Secretary or his Assistant on the spot several times a week and not occasionally as at present. Mass Radiography is undoubtedly our most useful weapon in anti-tuberculosis work at the present time, and considering how expensive to the community is the cost of hospital and social care caused by this disease it is a very false economy if the organisation of the Unit does not result in its being used to the maximum strategy and efficiency.

ANALYSIS OF NEW COUNTY PATIENTS RESIDENT IN NORTH GLOUCESTERSHIRE DIAGNOSED AND NOTIFIED IN THE CHEST CLINIC SERVICE IN 1952.

| | Miliary and Meningeal | Abdominal Ortho- paedic and Cervical Glands | Hilar Adenitis Pleural Effusion | Minimal Phthisis | Moderate Phthisis | Advanced Phthisis |
|--|-----------------------------|---|--|---------------------|----------------------|----------------------|
| Total Cases Handled—218 | 3 | 9 | 30 | 33 | 120 | 23 |
| <i>Analysis of these :—</i> | | | | | | |
| (1) Diagnosed on Contact Examination | — | 2 | 2 | 4 | 5 | — |
| (2) Diagnosed from Mass X-Ray Service | — | — | 1 | 12 | 55 | — |
| (3) Referred by General Practitioners | 1 | 2 | 16 | 12 | 45 | 16 |
| (4) Referred from Other Sources | 2 | 5 | 11 | 5 | 15 | 7 |

B.C.G. Vaccination.

During 1952 141 children were vaccinated.

A survey has been made of County children who were B.C.G. vaccinated in 1951. None of these children has developed clinical tuberculosis in the intervening period. Of these children 116 were still tuberculin-positive at the end of a year, had normal x-rays and were clinically well. 13 children had normal x-rays but did not attend for the tuberculin test, and 2 children were tuberculin-positive but did not attend for the x-ray. 11 children completely defaulted.

7 children presented special problems:—

1 child, successfully B.C.G. vaccinated, the following year developed a non-tuberculous pulmonary infection with a pneumotocele.

3 children had to be revaccinated in 1952. They were clinically and radiologically quite satisfactory.

1 lad, exposed to a severely infectious case, was successfully vaccinated in April 1951; in April 1952 he had again become tuberculin-negative and was revaccinated but failed to convert to tuberculin-positive; further B.C.G. vaccination was refused and he was followed up by six-monthly tuberculin testing, and in June 1953 was found to be tuberculin-positive, presumably due to a natural infection, and is now under further investigation.

1 girl, successfully vaccinated in May 1951, developed paralytic poliomyelitis in September 1952.

1 girl, vaccinated in May 1951, died in July 1951 on the day of the follow-up Mantoux test, having most unfortunately suffocated in her cot at home after returning from the Clinic.

No harmful results have been seen from B.C.G. vaccination. The chronic ulcers that many children get on the arms have proved rather a nuisance to deal with in the winter time.

Although none of the vaccinated children has developed any clinical tuberculosis, the value of vaccination as a preventive measure can only be judged on the small proportion of child contacts who have continued to be exposed to a constant source of domestic infection for a year or two after the vaccination has been done. The majority of these children mentioned above who have been vaccinated were done at a time when the infectious case was in sanatorium and likely as the result of treatment to be rendered non-infectious.

*Contacts arising out of Cases Notified in 1952**Adults*

| | | | (under 45) | | (over 45) | |
|-------|-----|----|---------------|-----------------|---------------|-----------------|
| | | | <i>Called</i> | <i>Attended</i> | <i>Called</i> | <i>Attended</i> |
| Urban | ... | .. | 115 | 86 (75%) | 50 | 39 (78%) |
| Rural | .. | .. | 241 | 177 (73%) | 138 | 89 (64%) |

Of 219 children called up 12 did not attend at all, 19 were unhealthy and kept under chest clinic observation, 6 had positive tuberculin tests but did not attend for further examination and the remaining 182 were healthy.

Analysis of 182 healthy children.

| | | | | | | |
|---|---------|-----------------------------|-----|-----|-----|----|
| Age 0- 4. | T.T. +. | Referred to G.P. and H.V. | ... | ... | ... | 24 |
| Age 5-12 | T.T. +. | Referred to G.P. and H.V. | .. | ... | ... | 36 |
| Age 13-16 | T.T. +. | For follow up by Mass-x-ray | ... | .. | ... | 33 |
| T.T. negative—at no further risk, Serial T.T. for 1 year or discharged... | | | | | | 23 |
| T.T. negative—refused B.C.G., kept under observation | | | | | | 5 |
| T.T. negative—defaulted during B.C.G. | | | | | | 13 |
| T.T. negative—successfully B.C.G. vaccinated | | | | | | 47 |
| T.T. negative—B.C.G. postponed, still to be vaccinated | | | | | | 1 |

Arising out of these figures it will be noticed that there is rather a large number who default during the process of B.C.G. vaccination. This is hardly surprising when it is remembered that a mother or other adult may have to bring a small child on four occasions quite a long distance from the country in to one of the centres.

The present technique of testing before and after B.C.G. vaccination needs simplification, as the model scheme drawn up by the Ministry of Health is a great burden to carry out in a rural area although we have so far complied with it in detail. Probably a good proportion of the tuberculin testing prior to and after vaccination could be carried out in the child's home, but this at once raises the difficulties inherent in Health Visitors who only do tuberculosis as part of their work. In the remoter areas no one Health Visitor would get sufficient experience in tuberculin testing to be able to report accurate results. This is a problem we must somehow overcome.

Chest Clinic Register of Notified Cases.

Our survey is not complete on all the Sanitary Districts, but those where the Chest Clinic Register is up to date are given below:—

| | | <i>RED</i> (<i>infectious</i>) | <i>YELLOW</i> (<i>potentially</i> <i>infectious</i>) | <i>GREEN</i> (<i>non-</i> <i>infectious</i>) |
|-----------------|-----|-------------------------------------|--|--|
| Cheltenham M.B. | ... | 88 | 98 | 135 |
| Cheltenham R.D. | ... | 20 | 12 | 27 |
| Dursley R.D. | ... | 19 | 17 | 77 |
| West Dean R.D. | ... | 22 | 29 | 46 |
| East Dean R.D. | ... | 25 | 17 | 27 |
| Stroud U.D. | ... | 21 | 26 | 68 |
| Stroud R.D. | ... | 24 | 19 | 44 |
| Nailsworth U.D. | ... | 4 | 2 | 10 |

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Consultant Chest Physician.

GLOUCESTER COUNTY—MASS RADIOGRAPHY 1952.

The following brief table summarises the work done during 1952 by the Mobile Unit based on Gloucester (figures for the City of Gloucester being excluded):—

| | | | <i>Male</i> | <i>Female</i> | <i>Total</i> |
|----------------|-----|-----|-------------|---------------|--------------------|
| Totals | ... | ... | 15,760 | 12,111 | 27,871 |
| Schoolchildren | ... | | 1,578 | 2,181 | 3,759 |
| | | | | | <hr/> 31,630 <hr/> |

These figures are not unsatisfactory, taking into account the rural districts and distances involved, and the remainder of the Unit's work which brought the grand total for the year to 45,000 cases examined.

Of the 31,630 the following figures are significant:—

- (i) There were 81 cases of Active Tuberculosis in Adults, 2 in children, and of these 83 cases of Tuberculosis not all were notified as being infectious, but were deemed active from a clinical or radiological point of view, meriting constant Chest Clinic supervision. This figure of 2.6/1,000 is satisfactory in that it is considerably lower than the average for the country generally accepted as 3.8 cases/1,000.
- (ii) In the Non-Tuberculous Group of Cases, 173 were recalled for investigation. Many of these were of minor significance, but some were admitted to local hospitals for intensive investigation. The incidence of Bronchiectasis is fairly high, and in some cases active treatment may be of great value.
- (iii) Contacts were examined in all areas, and the figures are not included in the totals already given.

3252 appointments were sent out by the Chest Clinic and there was an attendance of 68.02%. Of these, 2,144 examinations, 12 cases of Active Tuberculosis were put under observation—an approximate incidence of 6 cases/1,000.

The following Areas were visited:—

Cirencester (including Polish Hostels).
 Cam and Dursley (twice).
 Stonehouse and Stroud (three times).
 Tewkesbury.
 Cheltenham (four visits).
 Moreton-in-Marsh (including Polish Hostels).
 Forest of Dean:—Coleford, Bream.
 Tetbury.

Also local factories in the Area which are not included in the list. By extending the regular factory visits to a period of 16-18 months, it has been possible to extend the use of the Unit and to visit most parts of the County at regular intervals.

The Forest of Dean Area is most difficult for Mass Radiography on account of the operating conditions and poor communications in some places. There is also a normal proportion of Pneumokoniosis which makes some surveys very difficult.

Organisation.

It is not easy having to maintain a constantly efficient liaison when the organisation of Mass Radiography is centred at Bristol. The Organising Secretary does inform the various Authorities of all projected surveys, but on some occasions the need for local organisation all the time is still apparent. Certain changes of programme are inevitable due to breakdowns and other causes, and very often it is most difficult to keep everybody efficiently posted.

More work and expenditure are badly needed in Propaganda. The amount of money available to the Unit for advertisement and printing is pitifully small, and could be spent in a month. The constant complaint of many people is that "they would have been X-rayed if they had known the Unit was there." The Local Authorities have helped considerably to defray some of the cost of advertising, but if Mass Radiography is to be 'sold' to the public, it requires at least the advertisement of a Touring Circus.

The General Practitioners help considerably as I try to inform them some weeks beforehand of times of operating in their own area. Perhaps this information if given to Health Visitors several weeks beforehand, would also reap good results? They are in a position at various clinics, to suggest to many debilitated housewives that they should use the Mass Radiography Service.

I should like to express my thanks to the various Divisional Medical Officers of Health who have helped so much in the planning of surveys in their respective areas.

No report has been received this year from the Chest Physician to the Bristol Clinical area which includes the area of five district Councils in the south of the County.

JOHN HAYWARD.

Voluntary Care Committees.

All parts of the County are covered by the Tuberculosis Care Committees. These Committees are able to make grants to tuberculous patients and their families from the funds which they raise and they have been able to help in the payment of outstanding accounts for fuel, groceries and rent, where the family has got into debt through illness. Gifts of wool and tools have been made for occupational therapy purposes and, in general, the funds have been used to supplement the help given to the patient by the Council or the National Assistance Board.

Apart from the valuable assistance given to patients the work of the Committees has helped to keep the public reminded of the social problems caused by the disease. The valuable work which is being done by the officers and members of the Committees is worthy of even greater support by the public.

Mass Radiography Service.

The following tables show details of the surveys carried out in the area during the year by South-West Regional Hospital Board's units based at Bristol and Gloucester.

| | <i>Male</i> | <i>Female</i> | Total |
|---|-------------|---------------|--------|
| <i>Miniature Films</i> | 20,363 | 16,352 | 36,715 |
| <i>Large Films.</i> Total recalled | 719 | 428 | 1,147 |
| Did not attend | 15 | 20 | 35 |
| Normal | 333 | 208 | 541 |
| Significant | 359 | 195 | 554 |
| Under observation | 12 | 5 | 17 |

| Tuberculous Conditions | Male | Female | Total | Disposal | | | |
|------------------------------|------|--------|-------|--------------|----------------------------|--|--|
| | | | | No action | Patient's own doctor | Under obser- vation at Dispen- sary | Sana- torium treat- ment re- quired |
| <i>Active</i> | | | | | | | |
| Primary Lesion | — | — | — | — | — | — | — |
| Post-primary unilateral ... | 36 | 35 | 71 | — | 4 | 50 | 17 |
| Post-primary bilateral ... | 16 | 14 | 30 | — | 2 | 15 | 13 |
| Tuberculous pleural effusion | 1 | — | 1 | — | — | 1 | — |
| Total | 53 | 49 | 102 | — | 6 | 66 | 30 |
| <i>Inactive</i> | | | | | | | |
| Primary Lesion | 17 | 39 | 56 | 44 | 5 | 5 | 2 |
| Post-Primary Lesion | 115 | 60 | 175 | 104 | 38 | 32 | 1 |
| Total | 132 | 99 | 231 | 148 | 43 | 37 | 3 |

Summary of formal notifications during the year :—

| | | | Number of Primary Notifications of New Cases of Tuberculosis | | | | | | | | | | | | | |
|--------------------------|----|----|--|----|----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------------------|
| | | | 0- | 1- | 2- | 5- | 10- | 15- | 20- | 25- | 35- | 45- | 55- | 65- | 75- | Total (all ages) |
| Age Periods | | | | | | | | | | | | | | | | |
| Respiratory, Males | .. | .. | — | 2 | 2 | 4 | 2 | 21 | 29 | 45 | 39 | 33 | 14 | 10 | — | 201 |
| Respiratory, Females | .. | .. | — | 1 | — | 3 | 6 | 26 | 30 | 38 | 17 | 11 | 6 | 4 | — | 142 |
| Non-Respiratory, Males | | .. | 1 | 1 | 4 | 15 | 2 | 3 | 3 | 2 | 3 | — | 1 | 2 | — | 37 |
| Non-Respiratory, Females | | .. | 1 | 1 | 1 | 9 | 3 | 3 | 4 | 5 | 5 | 3 | 1 | 3 | — | 39 |

New cases coming to knowledge during the year otherwise than by formal notification :—

| Source of Information | | Number of Cases in Age Groups | | | | | | | | | | | Total | | |
|--|-------------------|-------------------------------|----|----|----|-----|-----|-----|-----|-----|-----|-----|-------|-----|--------|
| | | 0- | 1- | 2- | 5- | 10- | 15- | 20- | 25- | 35- | 45- | 55- | | 65- | 75- |
| Death Returns from Local Registrars | Respiratory M | - | - | - | - | - | - | - | 1 | 1 | 2 | 2 | 2 | - | 7 (A) |
| | " F | - | - | - | - | - | - | - | 1 | - | - | - | - | - | 1 (B) |
| | Non-Respiratory M | - | - | - | - | - | - | - | - | - | - | 1 | - | - | 1 (C) |
| | " F | - | - | - | - | - | - | - | - | 1 | - | - | - | - | 1 (D) |
| Death Returns from Registrar-General (Transferable deaths) | Respiratory M | - | - | - | - | - | - | - | - | - | - | - | - | - | - (A) |
| | " F | - | - | - | - | - | - | - | - | - | - | - | - | - | - (B) |
| | Non-Respiratory M | - | - | - | - | - | - | - | 1 | - | - | - | - | - | 1 (C) |
| | " F | - | 1 | - | - | - | - | - | - | - | - | - | - | - | 1 (D) |
| Posthumous Notifications | Respiratory M | - | - | - | - | - | - | - | - | - | 2 | - | - | - | 2 (A) |
| | " F | - | - | - | - | - | - | - | - | - | 2 | - | - | - | 2 (B) |
| | Non-Respiratory M | - | - | - | - | - | - | - | - | - | - | - | - | - | - (C) |
| | " F | - | - | - | - | - | - | - | - | - | - | - | - | - | - (D) |
| " Transfers " from Other Areas (excluding transferable deaths) | Respiratory M | - | - | - | - | 1 | 1 | 5 | 11 | 5 | 3 | - | 1 | - | 27 (A) |
| | " F | - | - | - | - | 1 | 3 | 9 | 16 | 7 | 2 | 1 | - | - | 42 (B) |
| | Non-Respiratory M | - | - | - | - | 1 | - | - | - | - | - | - | - | - | 1 (C) |
| | " F | - | - | 1 | - | 2 | - | - | 2 | 1 | - | - | - | - | 6 (D) |
| Other Sources | Respiratory M | - | - | - | - | - | - | - | - | 1 | 1 | - | - | - | 2 (A) |
| | " F | - | - | - | - | - | 1 | 1 | 1 | - | - | - | - | - | 3 (B) |
| | Non-Respiratory M | - | - | - | - | - | - | - | - | - | - | - | - | - | - (C) |
| | " F | - | - | - | 1 | 1 | - | - | - | - | - | - | - | - | 2 (D) |

Persons removed from the Register during the year :—

| Reason | | | | | | Pulmonary | Non-Pulmonary | Total |
|--------|----------------------------|----|----|----|----|-----------|---------------|-------|
| (a) | Withdrawal of notification | .. | .. | | | 12 | 3 | 15 |
| (b) | Recovery | .. | .. | .. | .. | 93 | 73 | 166 |
| (c) | Death | .. | .. | .. | .. | 64 | 8 | 72 |
| (d) | Left County or no trace | .. | .. | .. | .. | 76 | 18 | 94 |

At the end of the year the total number of cases recorded in the registers kept by the District Medical Officer of Health was 3,592 (2,850 pulmonary, 742 non-pulmonary), as compared with 3,463 (2,700 pulmonary, 763 non-pulmonary) at the 1st January.

There were 53 fewer new cases in 1952 than in 1951 and there was also a considerable reduction in the number of deaths from 121 to 88 as will be seen in the following tables which show the mortality figures for the years 1947 to 1952 :—

Deaths from Tuberculosis

| Age Period | | 1947 | | 1948 | | 1949 | | 1950 | | 1951 | | 1952 | |
|-------------------|----|------|----------|------|----------|------|----------|------|----------|------|----------|------|----------|
| | | Pul. | Non-Pul. | Pul. | Non-Pul. | Pul. | Non-Pul. | Pul. | Non-Pul. | Pul. | Non-Pul. | Pul. | Non-Pul. |
| Under 1 year | .. | 1 | 2 | — | 4 | — | 1 | — | — | — | 1 | — | — |
| 1–5 years | .. | 1 | 3 | 1 | 10 | 1 | 6 | — | 5 | — | 6 | 2 | 3 |
| 5–15 years | .. | — | 7 | 2 | 4 | 1 | 1 | — | 3 | — | 2 | — | 3 |
| 15–45 years | .. | 113 | 16 | 121 | 5 | 74 | 9 | 56 | 3 | 44 | 6 | 26 | 2 |
| 45–65 years | .. | 37 | 5 | 47 | 4 | 43 | 6 | 40 | 1 | 52 | 6 | 35 | 6 |
| 65 years and over | | 11 | 1 | 16 | 1 | 22 | 1 | 14 | 2 | 2 | 2 | 11 | — |
| TOTALS | | 163 | 34 | 187 | 28 | 141 | 24 | 110 | 14 | 98 | 23 | 74 | 14 |
| | | 197 | | 215 | | 165 | | 124 | | 121 | | 88 | |

Deaths in 1952, shewing sex and age groups

| Age Period | Pulmonary | | | Non-Puimmonary | | | Total |
|------------|-----------|----|-------|----------------|---|-------|-------|
| | M | F | Total | M | F | Total | |
| 0— | — | — | — | — | — | — | — |
| 1— | 1 | 1 | 2 | 1 | 2 | 3 | 5 |
| 5— | — | — | — | 1 | 2 | 3 | 3 |
| 15— | — | 2 | 2 | — | — | — | 2 |
| 25— | 16 | 8 | 24 | 1 | 1 | 2 | 26 |
| 45— | 29 | 6 | 35 | 5 | 1 | 6 | 41 |
| 65— | 7 | — | 7 | — | — | — | 7 |
| 75— | 3 | 1 | 4 | — | — | — | 4 |
| Totals ... | 56 | 18 | 74 | 8 | 6 | 14 | 88 |

(2) *Illness generally.*

(a) *Home nursing requisites.*

Where required for short periods only and on temporary loan home nursing requisites covering various items are provided through the British Red Cross Society or the St. John Ambulance Brigade acting as the County Council's agents. There are now 61 loan depots and the voluntary work of the Organisations is much appreciated. Grants towards the administrative expenses are made by the Council and small charges are made for the hire of articles. The charges are waived in necessitous cases.

During 1952 the British Red Cross Society loaned 2438 articles and the St. John Ambulance Brigade 957 articles. The items cover air beds, air rings, bed cradles, bed rests, bed pans, crutches, feeding cups, invalid chairs, urinals and waterproof sheets.

Where articles are required permanently such as special beds, etc., they are provided directly from the Health Department as are shelters, beds and bedding, disinfectants and paper handkerchiefs for tuberculous patients when recommended by the Chest Physician.

(b) *Rest Homes.*

(i) *Old People.*

The Council has an arrangement with the Gloucestershire Old People's Housing Society for the maintenance of 13 beds at the Society Home at Toddington Grange for providing recuperative and holiday home care for old people for a maximum period of six weeks. It fulfils one of the requirements of a half way house between discharge from hospital and return home. It also provides accommodation for elderly people so that their relatives may have a holiday or temporary relief from their care.

(ii) *General.*

133 patients in need of rest and recuperation were admitted to voluntary homes and including 82 admissions of elderly people to Toddington Grange, a total of 215 persons were given recuperative home care in 1952. Charges are made having regard to the means of the users.

(XIII) HOME HELP SERVICE.

Prior to July, 1948 this Service was administered centrally with the help of the Health Visitors and District Nurses locally and there were 4 mobile resident Home Helps, 3 full-time and 10 part-time helpers, all of whom were employed mainly on maternity cases. Proposals were made under the

Act which envisaged that by the third year there would be 44 whole-time home helps and 50 part-time and that a Hostel would be maintained for training Home Helps and for providing residence for the mobile whole-time resident helpers. The Service has developed very rapidly but rather differently from that envisaged and by the end of 1952 there were 664 part-time Home Helps and 70 full-time Home Helps available and giving hours of duty equivalent to about 200 full-time persons. They were under the control of a County Organiser who had an assistant in each of the Health Areas. The hours of assistance given in homes increased from 6,509 in the financial year 1948/49 to 231,190 in the year 1949/50; 383,250 in 1950/51 to 493,590 in the financial year 1951/52. This gives some idea of the rapid growth of this very popular service.

Number of homes assisted in year 1952—3018.

Types of cases sub-divided as follows:—

| | | | | | |
|--|-----|-----|-----|-----|-------|
| Chronic and Old Age | ... | ... | ... | ... | 1792 |
| General Sickness | ... | ... | ... | ... | 612 |
| Maternity, Expectant Mothers and Post Confinements | | | | | 517 |
| Tuberculosis | ... | ... | ... | ... | 97 |
| | | | | | <hr/> |
| | | | | | 3018 |
| | | | | | <hr/> |

These figures indicate the types of assistance which has been given and over the four years of the operation of the Service there has been a greater increase in the proportion of chronic sick and old people requiring help. Assistance given to these homes is continuous and only ceases when the patient is admitted to hospital, or an Old Persons' Home, or dies.

The Service does, therefore, save the County Council expense in keeping old people at home rather than have them admitted to Old People's Homes and saves the exchequer by keeping the chronic sick at home instead of having them admitted to Hospital. The position is, however, that many of these persons might be much better off in a Home or Hospital but a bed cannot be found for them. In the meantime their suffering is alleviated, their homes are kept clean and it is ensured that they do have one cooked meal a day.

Wherever possible a new case of this type is not taken on if there are relatives who can give assistance or if the Assistance Board is able to make an attendant's allowance.

The amount of Home Help Service which the Council can give is at present limited by financial considerations. There is throughout the County now an equivalent of about one whole-time Home Help per 2,000 population and it is estimated that the number of Home Helps will need to be about one per 1,000 of urban population if all applicants for the Service are to be satisfied. Throughout the whole County I do not think that we supply at present more than about 75 per cent. of the need and the amount of help we are able to give in each household after assessment by the Organisers probably falls short by at least 10 per cent. of what is really required. Because of the fact that the Service is becoming heavily loaded with the care of old persons, to whom the scale of charge is so adjusted that those in receipt of National Assistance make no payment, the number of cases assisted during confinement at the Home or Hospital is not growing proportionately. This is further retarded by a proportionately heavier charge which has to be made in these instances because there is usually a full wage earner (the husband) in the family. Consideration is being given to this difficulty by a review of the scale of charges.

This County operates a very full Home Help Service compared with the majority of other counties but, from the facts mentioned above, it does appear to be a worth while provision which is meeting a real need. The work of the Organisers cannot be too highly praised in view of the

difficulties which they meet and the endeavours which they make to ensure that members of the family do accept their responsibilities before a case is accepted as one suitable for the provision of a Home Help.

There has been no Training Course during the year as the demands of the Service have been so great that there has been no time to spare. It is hoped, however, that the scheme of training can be resumed. In the meantime it rests upon the Organisers to engage only those women who can ensure a high standard of work in the houses to which they are sent. Resident Home Helps are used for maternity cases in outlying districts and when they cannot be fitted into ordinary home help work, they are kept on as whole-time employees by giving temporary assistance in Occupation Centres, Day and Residential Nurseries.

There has been close co-operation with the Gloucestershire Training College of Domestic Science and some of the students have worked as unpaid Home Helps in order to give them an insight into social conditions as an integral part of their training.

There has been no difficulty in recruiting Home Helps except in certain rural parts of the County when there has been seasonal work at higher rates of pay than that in the Home Help Service.

There has now been agreed a National Scale of Wages for Home Helps which has complicated the Service in that the rates of pay differ between some urban and rural areas and no allowance is made for differential rates as between the types of work. The costs of the Service have increased without a corresponding increase in income and as the majority of the cases helped now are old age pensioners or persons in receipt of National Assistance, there is no benefit to the income from this source. This is realised from the fact that in one Health Area of the County during a month at the end of the year, there were 125 aged sick and aged infirm of 156 homes where help was being given. As is pointed out above, these cases are long term and thereby call for an expansion of the Service.

This Service has not been widely advertised and there seems to be no end to the demand upon it at the present stage and the position has now been reached where the Organisers have to inform Doctors, Nurses and others who refer cases to them that only the most urgent cases and maternity cases can be accepted.

(XIV) HEALTH EDUCATION.

The arrangements for health education are not subject to a definite programme and the appointment of a Health Education Organiser has not been required.

A quantity of educational material has been accumulated and is available also for the use of outside organisations and has been loaned to neighbouring authorities. It includes the necessary material to provide a Travelling Health Exhibition for tours of the rural districts. The staff of the department undertake all the exhibition work and have been responsible for all the ideas and designs and in a number of instances for the making of exhibits. Equipment includes a 16 m.m. sound film projector and a film strip projector, together with a small library of films for the latter. Transport is provided by the Department's van and the driver operates the projectors.

Every opportunity is taken of staging exhibitions either as a local health authority effort or in conjunction with district councils. The Area Sub-Committees play a large part in these joint exhibitions and a great measure of co-operation is obtained.

The Health Visitors, supported by other members of the health service, in their normal duties are the mainstay of health propaganda but this is implemented whenever and wherever possible by special talks and discussions. The Child Welfare Centre also is the medium for much education and the Divisional Medical Officers of Health and Health Visitors are making extensive use of the films of the Central Library and the department's sound projector in this connection. Typical of the

Health Visitors' efforts to further the education drive has been a series of six lectures culminating in a Brains Trust given by the two health visitors of a small town, assisted by one of the Speech Therapists. The lectures were in the form of a combination of mime and monologue, the latter being written by a member of the staff. District Sanitary Inspectors too have given talks and film shows at Child Welfare Centres on Food Hygiene.

The Divisional Medical Officers of Health have also devoted some effort in organising talks to women's organisations on the subject of cancer and copies of leaflets prepared by them.

The display stands and topics of the Central Council for Health Education are in continual use and each Divisional Office has a series of the Ministry of Health display sets which are available to the health visitors for use at Child Welfare Centres and other places. Stocks of posters and leaflets are also maintained upon which all members of the service may requisition.

The Chest Physician of the North Gloucestershire Clinical area has been responsible for the script of a booklet "A parents' twenty questions" upon the risk of tuberculosis to children.

The County Sanitary Inspectors are responsible for lecturing to the staffs of County Council canteens upon Food Hygiene.

It has always been the practice to pay particular attention to the problem of accidents in the home and the majority of the exhibitions include displays on the subject and effective co-operation is being made with local Home Safety Committees in their exhibitions. No special leaflets or posters have been prepared but the "Advice on Fireguards" by the Birmingham Burning Accidents Committee has been obtained for distribution.

(XV) MENTAL HEALTH.

(1) (a) The proposals of the Local Health Authority approved by the Minister under this heading have been observed and the Mental Health Sub-Committee carries out the responsibilities of the Health Committee on these matters.

(b) The County Medical Officer of Health is responsible for the direction of the service.

The following medical officers devote part-time to the service: Deputy County Medical Officer, Senior Assistant Medical Officer, four Assistant Medical Officers. These officers have been approved by the Minister of Education for making examinations under Section 57 of the Education Act, 1944, and by the County Council for certificates under Section 5(1) of the Mental Deficiency Act, 1913. In addition to their medical qualifications they hold the Diploma of Public Health.

The following summary shews other staff employed on mental health work in the County:—

| | |
|--------------------------|--|
| Administrative Staff | One Supervising Officer. One Assistant Supervising Officer also a Duly Authorised Officer. |
| Mental Health Worker | One male. |
| Duly Authorised Officers | Four (male) whole-time. Three (male) part-time. |
| Occupation Centres | Four Supervisors (2 males). One qualified—N.A.M.H. certificate. Two female—one B.A. and teaching diploma. Eight Assistant supervisors (2 male and 6 females). One qualified female. |

Home Teacher

One (female). Diploma of Association of Occupational Therapists.

(c) Relations between the Local Health Authority and Regional Hospital Board and Hospital Management Committees are good, and close liaison is maintained, in particular with the Medical Superintendents of the Institutions to which our patients are sent. This liaison is helped considerably by the fact that the County Medical Officer of Health and his deputy are members of the Management Committees of two large Mental Deficiency Institutions in the area.

(d) There are no voluntary associations in the County associated with mental health—no delegation has been made.

(e) All the staff employed in the County Mental Health Service have attended courses of training which have been arranged both by the County Council and other bodies. In addition, several of the officers employed at Occupation Centres have attended Refresher Courses. While there is no fixed scheme of training at present within the County, it is hoped that officers will continue to be sent on appropriate courses from time to time.

(2) Account of work undertaken in the County.

(a) A considerable amount of work is undertaken in the aftercare of patients suffering from mental illness and mental defectiveness. Information is given by Medical Superintendents of Mental Hospitals and Mental Deficiency Institutions with regard to patients discharged or proceeding on licence together with, and in respect of mental patients, recommendations as to their after-care. Should after-care be recommended, this is undertaken by a County Mental Health Worker who has had experience in this field and who assists in their rehabilitation. Patients on licence from Mental Deficiency Institutions are supervised by County Mental Health Workers who try to ensure the patients' welfare and satisfactory progress. These officers also work in close association with the Occupation Centres in the County.

(b) The Duly Authorised Officers arrange for the initial care and treatment of persons suffering from mental illness. Effective liaison exists between these officers, general practitioners, police, hospital and ambulance services, and patients referred for investigation are dealt with promptly. Experience has shewn that Duly Authorised Officers have been called upon to advise and assist in the disposal of many cases which are ultimately dealt with otherwise than under the Lunacy and Mental Treatment Acts.

(c) (i) The arrangements for the ascertainment of mental defectives within the County have proved to work smoothly and efficiently. The majority of new patients are those referred to the Local Health Authority from the local Education Authority under Section 57 of the Education Act, 1944. Each case is ascertained and reported for consideration by the Mental Health Committee in accordance with Section 30 of the Mental Deficiency Act, 1913. From time to time new cases are reported from other sources, and these patients are examined by a Medical Officer and appropriate action taken. Supervision of defectives in their own homes under statutory or friendly supervision is carried out by the County Mental Health Officers who make regular domiciliary visits and whenever possible endeavour to place the defectives in suitable work.

(ii) It has not been found necessary to make use of guardianship in many cases but guardianship orders have been obtained in seven cases where close supervision is necessary. In none of these cases has financial assistance been given by the County Council.

(iii) Of the five Occupation Centres proposed, four have now been established at Cheltenham, Cinderford, Stonehouse and Warmley, catering for approximately 150 children. The Centres at Cheltenham and Warmley are on County Council property and suitable adaptations have been carried out. The Centres at Cinderford and Stonehouse held at Church Institutes are in rented accommodation. The staffing of Occupation Centres has been difficult and it has not been possible to appoint a qualified person as supervisor with one exception. It has been found, however, that unqualified staff, provided that they have a liking and flair for this work, can and do carry out their duties in a satisfactory manner, as is evidenced by the progress maintained by the children, both from the point of view of training in personal habits and handicrafts. In a Rural County such as this, the greatest problem with regard to the Occupation Centre is, of course, transport. Contracts have been given to local garage proprietors for the conveyance of the children to and from Occupation Centres but it was felt that this method was unduly costly and arrangements are now being made to employ the County Ambulance Service. This service has been responsible for transporting the children in various areas for approximately the past six months, and it is hoped in the future to extend this to all the Occupation Centres. This should result in a considerable reduction in cost of conveyance. No separate Industrial Centre has been provided for defectives but each Occupation Centre caters for age groups from 5-40 years. It has not been found practicable to provide Occupation Centres for the more remote parts of the County such as the North Cotswolds and the Eastern area but a Home Teacher has been appointed who visits these areas and holds classes for groups of children.

(3) The following statistical tables have been supplied to the Minister in respect of the work undertaken under the Lunacy and Mental Treatment Acts, 1890-1930, and Mental Deficiency Act, 1913-38 during the year 1952:—

(a) *Lunacy and Mental Treatment Acts 1890-1930.*

Work undertaken by Duly Authorised Officers.

The Mental Health Officers act as Duly Authorised Officers under the Lunacy and Mental Treatment Acts and, during the year under review, they arranged the admission to Hospitals of 262 patients.

| | | | |
|--------------------|-----|-------|-----|
| Certified patients | ... | ... | 131 |
| Voluntary patients | | ... | 89 |
| Temporary patients | | ... | 4 |
| 3 Day Orders | ... | ... | 37 |
| 14 Day Orders | ... | ... | 1 |
| | | | — |
| | | Total | 262 |
| | | | — |

In addition, enquiries were made into 172 cases which were subsequently disposed of by means other than by direct admission to hospital.

A further 270 voluntary patients and 20 temporary patients were admitted to hospital without the service of the duly authorised officers, and total admissions during the year are given in the following table:—

| | <i>Horton Rd. and Coney Hill Hospitals, Gloucester</i> | <i>Bristol Mental Hospital</i> | <i>Stapleton Hospital Bristol</i> | <i>Other Hospitals</i> | Total |
|-------------------------------------|--|--|---|----------------------------|-------|
| <i>Mental Treatment Act, 1930—</i> | | | | | |
| (a) Section 1 (Voluntary Patients) | 269 | 88 | 1 | 1 | 359 |
| (b) Section 5 (Temporary Patients) | 24 | — | — | — | 24 |
| <i>Lunacy Act, 1890—</i> | | | | | |
| (a) Section 16 (Certified Patients) | 114 | 6 | — | 11 | 131 |
| (b) Section 20 (3 Day Orders) | — | — | 37 | — | 37 |
| Section 21 (Fourteen Day Order) | — | — | 1 | — | 1 |
| TOTALS | 407 | 94 | 39 | 12 | 552 |

(b) *Mental Deficiency Acts, 1913-38.*

(i) *Ascertainment.*

The main source of new patients ascertained during the year continued to be those notified in accordance with the provisions of the Education Act, 1944.

| | <i>Males</i> | <i>Females</i> | Total |
|--|--------------|----------------|-------|
| (a) Cases reported by Local Education Authority : | | | |
| (i) Under Section 57(3) | 44 | 23 | 67 |
| (ii) Under Section 57(5) | | | |
| On leaving Special Schools | 2 | — | 2 |
| On leaving ordinary Schools | 17 | 19 | 36 |
| (b) Cases referred by Police or by Magistrates' Courts | 4 | — | 4 |
| (c) Other defectives reported : | | | |
| (i) found " subject to be dealt with " .. | 19 | 19 | 38 |
| (ii) not at present subject to be dealt with .. | 13 | 5 | 18 |
| Total number of cases reported during the year .. | 99 | 66 | 165 |

(ii) *Disposal of Cases.*

The total number of ascertained cases either " Subject to be dealt with " or otherwise, and their distribution on 1st January, 1953, is given below :—

| | <i>Males</i> | <i>Females</i> | Total |
|--|--------------|----------------|-------|
| (a) <i>Found " Subject to be dealt with "</i> | | | |
| Placed under Statutory Supervision .. | 255 | 223 | 478 |
| Placed under Guardianship | 4 | 3 | 7 |
| Admitted to Institutions | 246 | 227 | 473 |
| Action not yet taken | 13 | 5 | 18 |
| (b) <i>Found not at present " Subject to be dealt with "</i> | | | |
| Placed under Voluntary Supervision .. | 129 | 132 | 261* |
| Totals | 647 | 590 | 1237 |

*These figures include patients under care at Welfare Hostels.

During 1952, 27 died or removed to other areas and ceased to be under care for various reasons. Sixteen cases included in the above table were awaiting removal to Institutions at the end of the year. 44 petitions were presented in 1952 and Orders obtained for 38 patients belonging to Gloucestershire and 6 for other Local Health Authorities.

Four additional County cases were sent under Orders made by Magistrates' Courts in accordance with Section 8 of Mental Deficiency Act, 1913.

The distribution of Gloucestershire cases in Institutions on 1st January, 1953, was :—

| | | | | | Males | Females | Total |
|------------------------------------|----|----|----|----|-------|---------|-------|
| Stoke Park Colony | .. | .. | .. | .. | 151 | 197 | 348 |
| Hortham/Brentry Group : | | | | | | | |
| Brentry Colony | .. | .. | .. | .. | 59 | — | 59 |
| Hortham Colony | .. | .. | .. | .. | 8 | 12 | 20 |
| St. Mary's Home | .. | .. | .. | .. | — | 2 | 2 |
| Rampton State Institution | .. | .. | .. | .. | 8 | 3 | 11 |
| Moss Side State Institution | .. | .. | .. | .. | 2 | 4 | 6 |
| Ashton House, Liverpool | .. | .. | .. | .. | — | 1 | 1 |
| Borocourt Institution Oxon | .. | .. | .. | .. | 2 | 1 | 3 |
| Pewsey Colony, Wilts. | .. | .. | .. | .. | 3 | 3 | 6 |
| Royal Earlswood | .. | .. | .. | .. | 4 | — | 4 |
| Royal Eastern Counties Institution | | | .. | .. | 1 | — | 1 |
| St. Theresa's Home, Lewisham | .. | .. | .. | .. | — | 1 | 1 |
| Sandhill Park Institution | .. | .. | .. | .. | 6 | 1 | 7 |
| Sandlebridge Institution | .. | .. | .. | .. | 1 | 1 | 2 |
| St. Lawrence's Hospital, Caterham | | | .. | .. | 1 | — | 1 |
| Totterdown Hall, Som. | .. | .. | .. | .. | — | 1 | 1 |
| Total | | | | | 246 | 227 | 473 |

(ii) *Supervision.*

There has been a further increase in the numbers of defectives placed under statutory or voluntary supervision, and during 1952 the Mental Health Officers made 3459 visits as against 3424 for the previous year.

(iii) *Licence.*

At the request of Hospital Management Committees, 66 patients on licence from 11 Institutions were supervised by the Council's Officers, and 155 Progress Reports were submitted to the Medical Superintendents. Arrangements were also made for the Council's Medical Officers to examine such patients as required.

(iv) *Guardianship.*

There were 7 defectives under Guardianship Orders in December, 1952, an increase of three on the previous year.

1. National Assistance Act, 1948.

CARE OF HANDICAPPED PERSONS.

(a) *Blind.*

The scheme for the Welfare of the Blind has continued to work smoothly. The activities during the year of the County Association for the Blind, who act as the Council's agents, are outlined in the following report made by the Deputy Secretary, Miss M. L. Hobbs, in the absence of Miss B. M. J. Saunders, who unfortunately has been on sick leave since August.

Ascertainment.

There was an increase of 41 in the number of registered blind persons during the year and it was interesting to note that the majority of new registrations were made almost immediately after the onset of blindness. At the end of the year there were 854 blind and 54 partially-sighted on the registers; 117 blind and 14 partially-sighted persons having been registered for the first time during the year.

It will be seen from the following tables relating to the new registrations that these were chiefly in the higher age groups.

AGE AT ONSET OF BLINDNESS

| 0 | 1 | 2 | 3 | 4 | 5-10 | 11-15 | 16-20 | 21-30 | 31-39 | 40-49 | 50-59 | 60-64 | 65-69 | 70 plus | Not known |
|---|---|---|---|---|------|-------|-------|-------|-------|-------|-------|-------|-------|---------|-----------|
| 1 | - | - | - | - | 1 | 1 | 3 | 2 | 3 | 6 | 5 | 11 | 12 | 67 | 5 |

RECOMMENDATIONS OF OPHTHALMIC SURGEONS AND CAUSES OF BLINDNESS

| <i>Recommendations</i> | | <i>Causes of Blindness</i> | | | |
|------------------------------|---|-------------------------------|-----------------|--------------------------------|-----------------|
| | | <i>Cataract</i> | <i>Glaucoma</i> | <i>Retrolental Fibroplasia</i> | <i>Others</i> |
| <i>Blind (i)</i> | | | | | |
| (a) | No Treatment | 30 | *8 | Nil | 50 |
| (b) | Treatment (medical, surgical or optical) | 10 | 5 | Nil | 14 |
| (ii) | Number of cases at (i) (b) above which on follow-up action have received treatment | 7 + 1 refused 2 waiting | 5 | Nil | 13 1 waiting |
| <i>Partially sighted (i)</i> | | | | | |
| (a) | No treatment | Nil | 1 | Nil | 5 |
| (b) | Treatment (medical, surgical or optical) | 4 | Nil | Nil | 4 |
| (ii) | Number of cases at (i) (b) which on follow-up action have received treatment | 3 1 waiting | Nil | Nil | 4 |

*2 lost sight through not seeking advice.

Home Teaching Service.

In addition to the Secretary, the staff consisted of five qualified home teachers, one of whom acts as Deputy Secretary, and one student home teacher. There are eight social clubs for the blind and one handicraft class organised by the home teachers in addition to their work in the homes.

Homes.

There were waiting lists for both the County Homes for the Blind at Ellerslie, Cheltenham (21 places) and Ferney Hill, Dursley (23 places). Visitors have remarked on the happiness of the residents and tribute has been paid to the work of the Matrons and staffs. Considerable assistance was given again by the British Red Cross Society's Detachment at Dursley and by local residents at both the homes. The regular visits and the many kindnesses were greatly appreciated by the residents.

Sheltered Workshops.

The small number of workers at the Cheltenham Workshops and the consequent failure to secure a qualified foreman, together with the considerable alterations needed to the building, had been a source of concern for a considerable time. After consultations with officers of the Ministry of Labour and National Service it was apparent that there was little likelihood of new workers joining the staff and it was agreed that in view of the heavy maintenance expenses it would be best for the Workshops to close on the 31st October. Three workers, who had reached retiring age, were given gratuities by the County Council and suitable arrangements were made for the others, three of whom became home workers.

Nine men and women were employed at the Bristol Workshops and employment was found for one man during the year at the Cardiff Workshops.

Home Workers.

The Bristol Royal Blind Asylum Workshops continued as the Council's agents and fifteen blind persons were employed as home workers.

Sighted Industry.

Sixty-six persons were employed in sighted industry or other gainful employment.

(b) Persons other than the Blind or Partially Sighted.

The model schemes suggested by the Minister of Health in Circular 32/51 were discussed with representatives of the voluntary bodies concerned. After the views expressed had been considered the Council adopted schemes for the provision of welfare services for the deaf or dumb, and for other handicapped persons, on the lines of the outline schemes recommended. These proposals were submitted to the Minister for final approval.

(i) Deaf.

Contributions were made to the Bristol Institute and the Gloucester Diocesan Association as in previous years. On the 31st December 308 deaf persons and 101 hard of hearing from Gloucestershire were known to the Associations.

(ii) Cripples.

A grant was again made to the Gloucestershire Community Council in reimbursement of the salary and travelling expenses of the Secretary-Organiser of the Committee for the Care of the

Physically Handicapped and towards the office expenses. Some of the Committee's work is mentioned in the following report which has been made by the Secretary-Organiser, Miss D. M. Mills.

The number of handicapped people requiring assistance continues to increase and there are now 1,111 persons on the register compared with 962 last year. Only about 20 of these are children and it is encouraging to note that there are an increasing number of cases cured and able to resume a normal life.

During the year special efforts have been made to increase the sales of hand-made goods made by those who are too disabled to attempt to work in the open market. Nine sales and exhibitions have been held at which goods to the value of £357 4s. 0d. were sold.

The allocation of space in the Rural Industries Section of the Three Counties Show and at the other local shows is a great help both in selling these goods and in making our work more widely known, while the permission of various firms to sell goods in their shops is very greatly appreciated. The Helping Hand shop run by voluntary helpers in Oxford Market continues to sell our goods, more especially in the periods between shows and exhibitions.

It is impossible to convey exactly how much progress has been made by the physically handicapped people as each individual case is so different but mention should be made of one or two outstanding achievements. One of our leather workers who lost both legs during the war, has made such progress that after being made a member of the Guild of Gloucestershire Craftsmen he sold £82 worth of goods at the Three Counties Show and £187 worth at the Badminton Exhibition and is now able to earn enough to support his wife and child. A chair-ridden man with a severe muscular disease has learnt to make pottery; a very disabled girl who can use only one hand has recently knitted an intricate fair-isle jumper.

As there are so many physically handicapped people now known to us it was not practicable to arrange another summer rally for adults at Cowley Manor. Many requests for such an outing were received so most of the Area Committees made their own arrangements and organised outings and parties in their own districts. The Stroud Committee arranged a summer party at Stratford Park and the physically handicapped people in the Forest of Dean spent a very interesting afternoon at Flaxley Abbey. Christmas parties were arranged at Kingswood, Patchway and Cirencester and thoroughly enjoyed in spite of the hazards of icy roads. A Cirencester Cinema very kindly collected money for Christmas presents for all the handicapped children in that area.

For the Children's Party at Cowley Manor the weather was not so kind this year but the children, coming from all parts of the county, thoroughly enjoyed themselves indoors and before they left even the tiniest stretcher case joined in a most impressive sing-song. Many expressions of delight and thanks were received from the children and should be passed on to all the many helpers and car owners who made the party possible, and to the B.B.C. who provided funds from Uncle Mac's Appeal.

Gloucestershire is fortunate in having many Guiders and Scouters who are interested in physically handicapped children so that these children, who are often ill for very long periods, may become "Post" Rangers, Guides or Brownies or join the Handicapped Cubs or Scouts. Last year Lady Baden-Powell, the Chief Guide, visited Gloucestershire and many of our handicapped children had the privilege of meeting her. The 1st Gloucestershire Post Guides had the honour of winning a special trophy for which Post Guide Companies from all over England competed.

There are now eight Area Committees covering the widely separated parts of the County, and sincere thanks are due to the many voluntary workers who visit the physically handicapped regularly in their homes and do so much to help them in many different ways.

SECTION C. DISEASES.

1. Infectious Diseases.

The notifications of infectious diseases received during the year are set out in Table II at the end of this Report.

(a) *Diphtheria.*

The number of cases notified was 2 as in 1951 and is the lowest on record. The number notified from urban areas was one and from rural areas one. There were no deaths in the year.

(b) *Scarlet Fever.*

The total number of notifications of scarlet fever in the County during 1952 was 463 as compared with 490 in 1951 and an average of 668 over the previous ten years. The cases were distributed between urban and rural districts as follows: Urban 151; Rural 312. The districts most affected were Mangotsfield Urban (65), Sodbury Rural (64), Thornbury Rural (49), Dursley Rural (37), Stroud Rural (31) and Kingswood Urban (27). The disease was mild and there were no deaths.

(c) *Measles.*

There were 4,272 cases notified during the year, as compared with 4,630 in 1951. There were three deaths.

(d) *Whooping Cough.*

The number of cases notified was 1,381 as compared with 945 in 1951. There were three deaths as compared with none in 1951. This disease is now the most serious infectious disease apart from enteritis and pneumonia in infants and we anxiously await the outcome of the Medical Research Council's investigations into an approved vaccine.

(e) *Pneumonia.*

There were 263 cases of pneumonia notified in 1952 as compared with 374 in 1951. Of these, 96 occurred in urban districts and 167 in rural districts. One hundred and sixty three deaths were recorded as compared with 178 in 1951.

(f) *Typhoid Fever.*

Three cases of Typhoid Fever were notified during the year. There was 1 death.

Two of these cases, including the fatal case occurred in one family. Another member of the family was found to be a permanent carrier but it was not determined whether he was the cause of the infection of the others or himself a victim. He was still not clear of organisms in the stool at the end of the year.

(g) *Other Gastro Intestinal Diseases.*

Three cases of Paratyphoid Fever were reported. Forty two cases of Dysentery were reported as compared with 130 in 1951, 7 in urban districts and 35 in rural districts.

(h) *Puerperal Pyrexia Regulations.*

New regulations came into effect during 1951 and as the definition of the disease is much wider, more cases were being notified. There is no indication of any greater amount of illness in the lying-in period.

(i) *Diseases of Central Nervous System.*

The number of cases of Anterior Poliomyelitis notified was Paralytic 19; Non-Paralytic 7, and included 3 deaths. There was no case of Acute Polioencephalitis or Cerebro Spinal Fever. There was no marked occurrence of the rarer and more recently described encephalitic types of disease but a few cases did come to light in different parts of the County particularly in the Forest of Dean.

which was an epidemic year.

National Cancer Records Bureau,

| | | | | | | | | | | |
|-----------------------------------|----|----|-----|----|-----|----|----|-----|----|-----|
| Stomach | .. | .. | .. | .. | .. | .. | .. | .. | .. | 36 |
| Colon | .. | .. | .. | .. | .. | .. | .. | .. | .. | 30 |
| Rectum | .. | .. | .. | .. | .. | .. | .. | .. | .. | 40 |
| Eye | .. | .. | .. | .. | .. | .. | .. | .. | .. | 3 |
| Breast | .. | .. | .. | .. | .. | .. | .. | .. | .. | 96 |
| Lip and Mouth | | | .. | .. | .. | .. | .. | .. | .. | 11 |
| Tongue | .. | .. | .. | .. | .. | .. | .. | .. | .. | 7 |
| Other Buccal Cavity (not Pharynx) | | | | .. | .. | .. | .. | .. | .. | 15 |
| Thyroid | .. | .. | .. | .. | .. | .. | .. | .. | .. | 5 |
| Bladder | .. | .. | .. | .. | .. | .. | .. | .. | .. | 28 |
| Liver and Gall Bladder | | | .. | .. | .. | .. | .. | .. | .. | 14 |
| Prostate and Male Genital | | | .. | .. | .. | .. | .. | .. | .. | 32 |
| Skin (including Rodent Ulcer) | | | | .. | .. | .. | .. | .. | .. | 67 |
| Pancreas | | .. | .. | .. | .. | .. | .. | .. | .. | 12 |
| Bone | .. | .. | .. | .. | .. | .. | .. | .. | .. | 4 |
| Kidney | .. | .. | .. | .. | .. | .. | .. | .. | .. | 7 |
| Lung | .. | .. | .. | .. | .. | .. | .. | .. | .. | 43 |
| Parotid | .. | .. | ... | .. | ... | .. | .. | ... | .. | 6 |
| Larynx and Pharynx | | .. | .. | .. | .. | .. | .. | .. | .. | 6 |
| Oesophagus | | .. | .. | .. | .. | .. | .. | .. | .. | 8 |
| Cervix | .. | .. | .. | .. | .. | .. | .. | .. | .. | 30 |
| Melanoma | | .. | .. | .. | .. | .. | .. | .. | .. | 4 |
| Uterus | .. | .. | .. | .. | .. | .. | .. | .. | .. | 23 |
| Vulva and Vagina | | | .. | .. | .. | .. | .. | .. | .. | 8 |
| Ovary | .. | .. | .. | .. | .. | .. | .. | .. | .. | 20 |
| Brain | .. | .. | .. | .. | .. | .. | .. | .. | .. | 9 |
| Reticulo Endothelial Diseases | | | .. | .. | .. | .. | .. | .. | .. | 30 |
| Other Malignant Diseases | | | .. | .. | .. | .. | .. | .. | .. | 9 |
| Total | | | | | | | .. | .. | .. | 613 |

(b) Five Year Follow-up Survival table as at 31st December, 1952 of cases registered in 1947.

| | | | | | Early | Late | Total | Alive |
|-----------------------------------|-----|-----|-----|-----|-------|------|-------|-------|
| Malignant Growths of:— | | | | | | | | |
| Stomach | .. | .. | .. | .. | 2 | 9 | 11 | — |
| Colon | .. | .. | .. | .. | 4 | 9 | 13 | 1 |
| Rectum | .. | .. | .. | .. | 4 | 6 | 10 | 1 |
| Breast | .. | .. | .. | .. | 35 | 7 | 42 | 19 |
| Lip and Mouth | .. | .. | .. | .. | 4 | 3 | 7 | 4 |
| Tongue | .. | .. | .. | .. | 2 | — | 2 | 1 |
| Other Buccal Cavity (not Pharynx) | .. | .. | .. | .. | 4 | 1 | 5 | 4 |
| Bone | .. | .. | .. | .. | 4 | 1 | 5 | 1 |
| Kidney | .. | .. | .. | .. | — | 1 | 1 | — |
| Bladder | .. | .. | .. | .. | 1 | 6 | 7 | — |
| Liver and Gall Bladder | .. | .. | .. | .. | — | 1 | 1 | — |
| Male Genital | ... | .. | .. | .. | 1 | — | 1 | — |
| Pancreas | .. | .. | .. | .. | — | 3 | 3 | — |
| Skin | .. | .. | .. | .. | 6 | — | 6 | 6 |
| Rodent Ulcer | .. | .. | .. | .. | 9 | — | 9 | 5† |
| Melanoma | .. | .. | .. | .. | 3 | — | 3 | — |
| Fibro Sarcoma | ... | ... | ... | ... | 6 | — | 6 | 3 |
| Malignant Growths of:— | | | | | | | | |
| Lung | .. | .. | .. | .. | 3 | 17 | 20 | — |
| Larynx and Pharynx | .. | .. | .. | .. | 1 | 1 | 2 | 1 |
| Oesophagus | .. | .. | .. | .. | — | 4 | 4 | — |
| Cervix | .. | .. | .. | .. | 6 | 3 | 9 | 1 |
| Uterus | .. | .. | .. | .. | 3 | 1 | 4 | 2 |
| Vulva and Vagina | .. | .. | .. | .. | — | 2 | 2 | — |
| Ovary | .. | .. | .. | .. | — | 3 | 3 | — |
| Reticulo-Endothelial Diseases | .. | .. | .. | .. | — | 3 | 3 | — |
| Other Malignant Diseases | .. | .. | .. | .. | 1 | 9 | 10 | — |
| Totals | | | | | 99 | 90 | 189 | 49 |

† Deaths were from unrelated causes.

3. Venereal Diseases.

The following table shows the number of County cases coming under treatment during 1952 at the various treatment centres.

| | | Syphilis | Gonorrhoea | Other Conditions | Total |
|--|--------|----------|------------|------------------|-------|
| Bristol, Maudlin Street Clinic | ... | 6 | 8 | 58 | 72 |
| Bristol, Southmead Hospital | ... | 4 | — | 6 | 10 |
| Cheltenham General Hospital | ... | 13 | 41 | 56 | 110 |
| Cirencester Memorial Hospital | ... | 1 | 3 | 7 | 11 |
| (Clinic closed 30-9-52) | | | | | |
| Gloucester, Gloucestershire Royal Hospital | ... .. | 21 | 20 | 78 | 119 |
| Oxford, Radcliffe Infirmary | ... | 1 | 1 | 3 | 5 |
| London, Royal Northern Hospital | .. | — | — | 1 | 1 |
| Totals | | 46 | 73 | 209 | 328 |

The figures for the past five years are given in the following summary :—

| <i>Year</i> | | | <i>Syphilis</i> | <i>Gonorrhoea</i> | <i>Other Conditions</i> | <i>Total</i> |
|-------------|-----|-----|-----------------|-------------------|-----------------------------|--------------|
| 1948 | ... | ... | 112 | 153 | 292 | 557 |
| 1949 | ... | ... | 132 | 129 | 284 | 545 |
| 1950 | ... | ... | 82 | 77 | 232 | 391 |
| 1951 | ... | ... | 39 | 66 | 185 | 290 |
| 1952 | ... | ... | 46 | 73 | 209 | 328 |

SECTION D.

SANITARY CIRCUMSTANCES OF THE COUNTY.

Water Supplies, Sewerage and Housing Services.

The following are extracts from the reports of the District Medical Officers for the year 1952 :—

CHARLTON KINGS URBAN DISTRICT.

(a) *Water Supply.*

The water supply is included in the area of the Cheltenham Corporation Water Undertaking and was satisfactory both in quality and quantity. 48 new houses and 11 existing houses were connected to the public water main during the year.

(b) *Housing.*

The Council built 28 houses and by the end of the year the majority of the larger families on the list had been rehoused. With the apparent need for two bedroom flats and accommodation for old people, the future building programme includes 12 two bedroom flats.

CHELTEHAM BOROUGH.

Housing.

Details relating to houses erected during the year are as follows :—

| | | | | |
|------------------------|-----|-----|-----|-----|
| Traditional houses | ... | ... | ... | 155 |
| Traditional flats | ... | ... | ... | 42 |
| Non-traditional houses | ... | ... | ... | 208 |

It is pleasing to report a considerable increase on last year's numbers, particularly as regards the traditional type of house.

CIRENCESTER URBAN.

(a) *Water Supply.*

The supply of water from the Council's works at Baunton proved both adequate and satisfactory and samples taken indicated that the water was of the highest purity.

Water from a shallow well serving three properties was found to be totally unfit for human consumption, and, as a result, the owner has provided these properties with water from the main, together with sanitary sinks and proper drainage.

(b) *Sewerage.*

During the year a new Sewer was laid from Watermoor to the southern edge of Stratton.

(c) *Housing.*

Eighty eight houses were built during the year, comprising 66 traditional type, 4 brick built corner houses and a block of 18 two-storey flats. The building of another two blocks of 12 flats was proceeding. The number of families re-housed during this period was 103.

KINGSWOOD URBAN DISTRICT.

(a) Water Supply.

No major extensions of water mains were planned during the year other than those which arose from the construction of new housing estates. Most of the houses in the district are on the mains.

(b) Sewerage.

One major sewerage scheme was commenced during the year, viz., the New Cheltenham duplicate sewer designed to relieve pressure on the existing main outfall sewer from the Northern Drainage Area. For years this sewer has surcharged in time of heavy rain. Construction started in August 1952 and was still in progress at the end of the year. When completed 1,947 yards of 12in./15in. concrete sewer will be laid from the lower end of New Cheltenham Road and along Tenniscourt Road joining the trunk sewer at Warmley Tower. The cost of the scheme is £7,500.

(c) Housing.

During the year 100 new houses were completed and occupied—88 Council houses and 12 by private enterprise under licence. It is interesting to record that in March the Council let the 1,000th house since building first commenced in 1924.

MANGOTSFIELD URBAN DISTRICT.

Housing.

During the year 82 Council houses were erected and 61 by private enterprise. On the Stanbridge Estate about 200 houses were under construction but not completed.

STROUD URBAN DISTRICT.

(a) Housing.

During the year, 114 council houses were completed and occupied, making a post-war total of 428. A further 74 were under construction. Under private enterprise, 23 houses were completed, bringing the post-war total to 133. A further 69 houses were under construction. Of 98 applications for building licences, 89 were granted and 9 refused.

(b) Sewerage.

The new sewers at Whiteshill, Ruscombe, Leonard Stanley, King's Stanley, and Stonehouse were taken over and the sewage works at Stonehouse and Ebley abandoned, resulting in a considerable improvement in the condition of the stream. The Urban disposal works at Cainscross were also abandoned. The septic tanks at Chalford are causing trouble and the Consulting Engineer is preparing a scheme as a matter of urgency.

TEWKESBURY BOROUGH.

(a) Water Supply.

The storage reservoir mentioned in my last report came into operation in August. New pumps were installed and the reservoir cleaned out. It provides a storage reservoir for the town, except Priors Park, with about 12 hours retention, which should reduce complaints of "chlorine" taste.

There are still eight houses, serving a population of 57 persons dependent on river or well water supplies.

(b) Sewerage.

The starting date given for work on the new sewers and sewage works is 1st May, 1953.

(c) Housing.

Of the 26 houses erected in 1952, 22 were built by the Council and 4 by private enterprise. The number of applicants for re-housing was reduced from 403 to 282 by the end of the year, showing the effects of new housing. A further 28 houses were under construction and the 1953 programme consists of 41 houses and 4 shops.

CHELTENHAM RURAL DISTRICT.

(a) Water Supply.

The Council's schemes for providing a piped water supply in all the villages and hamlets in the district has been completed.

(b) Sewerage.

The Ministry of Housing and Local Government intimated in April that only in cases of extreme urgency could the Council proceed with their sewerage schemes, owing to the general economic situation. The scheme for Snowhill commenced on the 11th August, as a danger to public water supplies existed, and was practically completed by the end of the year.

The Minister has approved a modified scheme involving the construction of disposal works near Badgeworth Bridge.

In December the scheme for extending the sewers at Bishops Cleeve, Woodmancote and Southam and enlarging the Brockhampton Disposal works was started.

Bad conditions will inevitably continue in other areas, especially in the form of foul ditches and polluted streams.

(c) Housing.

During the year 179 houses were erected—details are as follows :—

| | | | | |
|------------------------------------|-----|-----|-----|-----------|
| By the Council | ... | ... | ... | 88 houses |
| Bishops Cleeve Housing Association | | | | 55 houses |
| By private enterprise | ... | ... | ... | 32 houses |
| Cheltenham Corporation | ... | ... | ... | 4 houses |

CIRENCESTER RURAL.

(a) Water Supply.

The scheme for providing a piped water supply for the parishes of Somerford Keynes and Poole Keynes was in progress. The proposed extension to Ewen awaits the approval of the Ministry of Health. Other schemes are envisaged for the Churn Valley area and parishes of Ampney Crucis, Ampney St. Peter and Ampney St. Mary.

(b) Sewerage.

The sewerage scheme for the parish of Lechlade was approaching completion at the end of the year. Schemes for Fairford and South Cerney are still awaiting final approval by the Ministry of Health. A sedimentation and irrigation disposal system has been installed and removed the cause of pollution in the disused canal feeder at Kempsford.

(c) Housing.

The number of council houses completed and occupied during the year was 32—28 traditional type and four flats—a further 54 were in the course of erection. Four private houses were erected and licences issued in respect of fourteen.

DURSLEY RURAL DISTRICT.

(a) Water Supply.

With a view to improving the supply to Kingswood, a scheme was prepared for the construction of a 20,000 gallon reservoir at Tor Hill, Wotton-under-Edge to connect up with the existing distribution main in Kingswood. The Minister of Health was unable to approve this Scheme but would consider the construction of a reservoir to supply the new housing estate at Wortley Road, Wotton-under-Edge.

(b) Housing.

The number of council houses completed during the year was 62, with 94 still under construction and 9 houses were erected under private enterprise.

Families accommodated as a result of conversion or adaptation of old properties numbered five.

EAST DEAN RURAL DISTRICT.

(a) Water Supply.

A scheme to use water from a well augmented by springs in the Blackpool Valley was completed during the year. A reservoir was completed on Blakeney Hill to take water from this source and connection made to the present mains so that the Southern Area was supplied from this source. Permission was obtained to lay a system of mains in Blakeney Village. A supply from the Limekiln Springs at Lydbrook was awaited so that the mains may be extended to Mitcheldean and Longhope. The present Mitcheldean supply was repeatedly found to be contaminated and the users were advised to boil throughout the year. The connecting up of Huntley and Churcham by the Gloucester Corporation continued.

(b) Sewerage.

No new scheme was started during the year. Cinderford with Ruspidge and much of Drybrook is connected to the Soudley works; Ruardean, Littledean and Mitcheldean each have small works. Blakeney badly needs to be sewered.

(c) Housing.

The splendid new housing schemes have done much to reduce the very bad conditions that existed a few years ago.

The housing position at the end of the year was :—

| | | | | |
|------------------------|-----|-----|-----|-----|
| Erected by the Council | ... | ... | ... | 57 |
| Under construction | ... | ... | ... | 136 |
| By private enterprise | ... | ... | ... | 22 |
| Under construction | ... | ... | ... | 24 |

GLOUCESTER RURAL DISTRICT.

(a) Water Supply.

The 5½ miles of mains extensions previously authorised were completed during the year, but some restriction is likely in the future as the Ministry require an assurance that a main water supply is essential, as distinct from desirable, in the interests of public health.

(b) Sewerage.

With the increasing population and corresponding additional piped water supplies, the need for further main drainage schemes becomes more urgent. It is hoped that the time is not far distant when

it will be possible to re-submit schemes to the Ministry, with a reasonable chance of success. The following small schemes of improvement are in hand in areas without main sewers.

The laying of sewers in Vicarage Lane, Brockworth and extensions of the ones in Cheltenham Road East and Green Street, Brockworth. Two other schemes of piping ditches are under way at Saul and Quedgeley.

(c) *Housing.*

The Council erected 61 houses during the year and 28 were built by private enterprise.

Houses under construction at the end of the year numbered 680 and the Ministry of Housing and Local Government sanctioned the erection of a further 112 houses.

LYDNEY RURAL DISTRICT.

(a) *Water Supply.*

Lydney remains dependent upon the augmentation of the wholesome Ferneyley Supply by the Tufts Supply which is of doubtful purity and reliability. Tidenham receives a wholesome supply from the Chepstow Water Company. Aylburton has a small village supply which is at present satisfactory. Alvington is supplied from the Lydney scheme. A comprehensive scheme has been prepared to pump water from a new borehole to a tank at St. Briavels to supply this village and Hewelsfield and to augment Ferneyley Supply so that, with a new reservoir, Woolaston as well as Alvington and Lydney may have a satisfactory supply.

(b) *Sewerage.*

Lydney alone of the parishes is properly sewered. Aylburton urgently needs sewerage and so do Alvington and St. Briavels. A comprehensive scheme for all the parishes has been prepared.

(c) *Housing.*

Considerable progress has been made in recent years in the building of new houses but bad cases remain in all the parishes. 59 new houses were completed during the year, making 393 altogether since the end of the war.

The housing position at the end of the year was :—

| | | | | |
|------------------------|-----|-----|-----|----|
| Erected by the Council | ... | ... | ... | 47 |
| Under construction | ... | ... | ... | 53 |
| By private enterprise | ... | ... | ... | 12 |
| Under construction | ... | ... | ... | 16 |

NEWENT RURAL DISTRICT.

(a) *Water Supply.*

The mains were extended by $6\frac{1}{2}$ miles and the Council authorised a further $31\frac{1}{2}$ miles. There is still great difficulty in obtaining pipes and delay in delivery is well over two years. The scarcity of labour is also a contributing factor.

Wells are the chief source of supply and it is significant to note that all of the 46 main water samples proved satisfactory, whereas 22 of the 33 from wells were found to be unsatisfactory.

(b) *Sewerage.*

The scheme for new sewerage disposal works at Cleeve Lane, Newent, is under consideration as the present system is old and ineffective. A further 38 houses were connected to the sewers.

The scheme for Dymock was completed in March and 39 houses were connected.

The scheme for Corse and Staunton to which reference was made a year ago should be completed early in 1953 and will serve a development area and the Council's new housing site.

The 16 new Council houses in Redmarley have their own modern disposal system.

3,172 feet of new sewers were laid during the year and 31 bucket or privy latrines were converted to water closets.

(c) *Housing.*

New houses erected during the year number 47—36 by the Council and 11 by private enterprise, and a further 8 council houses were under construction. The 1953 programme includes 26 houses and site works will be in hand for 22 houses at Picklenash.

NORTH COTSWOLD RURAL DISTRICT.

(a) *Water Supply.*

The Council's Post-war Comprehensive Water Scheme is complete and a piped water supply is now available in all the small villages and hamlets in the area. The existing supplies will be augmented when two other schemes are completed.

(b) *Sewage.*

Bourton-on-the-Water.—It is anticipated that work on this Scheme will start about February, 1954.

Bledington.—With the likely start of the Bourton-on-the-Water Scheme, serious consideration will have to be given to the needs of this village where conditions are very bad.

Moreton-in-the-Marsh.—Further works will be required to prevent pollution of the Evenlode Brook adjoining the pumping station, and a Scheme has been submitted to the Minister of Health.

Stow-on-the-Wold and District.—Because of the Government's financial policy, the Minister will not allow schemes to proceed at Stow-on-the-Wold, Upper and Lower Slaughter and Wick Rissington.

(c) *Housing.*

The Council has built 371 post-war houses and a further 120 have been built by private enterprise. The Council have an additional 70 in course of erection.

Some of the huts on former camp sites are still occupied and in view of their deplorable state, provision of alternative accommodation for the families is a matter of urgency. Twelve cases of overcrowding, involving 22 families were abated during the year.

NORTHLEACH RURAL DISTRICT.

(a) *Water Supply.*

The first stage of main laying in the Comprehensive Water Scheme for the whole area has progressed satisfactorily and it is hoped that, by the middle of 1953, the first stage will be in operation in the parishes of Cold Aston, Notgrove, Salperton, Sevenhampton and Shipton—water being pumped from Sureford Springs. A number of private supplies to farms have improved under the County Agricultural Scheme. Of 12 samples of water submitted for examination, only three proved totally unsatisfactory.

(b) Sewerage.

The disposal works at Northleach were completed in March, 1952 and comprise approximately a mile and a half of sewer, one lifting station and disposal works. By the end of the year 92 properties were connected to the sewer.

(c) Housing.

The number of houses built during the year were 18 by the Council and four by private enterprise; 38 building licences were issued.

SODBURY RURAL DISTRICT.

(a) Sewerage.

The modifications and extensions to the Wickwar Sewage Works, as envisaged last year, will be completed when the pumping equipment is received and installed.

The Winterbourne and Frampton Cotterell Trunk Sewerage Scheme is well advanced, but in one area work is slower by reason of the amount of rock encountered.

(b) Housing.

A total of 257 houses was erected during the year.

TETBURY RURAL DISTRICT.

(a) Water Supply.

Beverston.—The laying of 2,070 yards of 3 inch main from the Babdown Reservoir to the Calcot Cross Roads, Kingscote was carried out by direct labour and completed by August. Two farms and nine cottages are now supplied with water from this main.

Avening.—A further 27 connections to the Stroud Water Board's main were effected. Of six samples taken from private water supplies four proved unsatisfactory.

Kingscote.—With the exception of Calcot, the position for this parish remains unchanged and the Council's Consulting Engineers are preparing a report on the existing water supplies.

Leighterton.—It is anticipated that the Scheme for supplying this parish with water from the mains at Didmarton will be started in 1953.

(b) Housing.

During the year, 10 traditional and 12 non-traditional houses were completed and work commenced on a further 40.

THORNBURY RURAL DISTRICT.

(a) Water Supply.

I am pleased to report that the forecasts in my previous Report regarding water supplies proved correct, viz. that Stage II of the Northern Water Scheme would be completed and Stage III started, and that the West Gloucestershire Water Company's Scheme to supply the southern parishes would commence during the year. This is now a matter of real urgency and the delay is seriously affecting development in the district.

(b) Sewerage.

The Sharpness Scheme was completed—the Severn Beach Scheme started and the extension to the Thornbury Sewage Works were also commenced in 1952. The Ministry have not yet been able to give a starting date for the Berkeley and Alveston Schemes due to restriction on capital expenditure, but in my view they are both very necessary.

(c) Housing.

The Council have now built 1,071 houses to date, 73 of which were completed during the year and 94 more were under construction.

WARMLEY RURAL DISTRICT.

(a) Drainage and Sewage.

During the year the first section of the Branch Sewerage Scheme was completed and fair progress made on the second section, including construction of the pumping stations at Bitton and Willsbridge. The non-delivery of some pumping machinery and piping is retarding progress. There is, unfortunately, no improvement in the pollution of the River Boyd at Bitton.

(b) Housing.

The Council were responsible for the erection of 56 houses and 30 were completed by private enterprise. The number of houses under construction at the end of the year was :—

| | | | | |
|------------------------------|-----|-----|-----|----|
| By the Council | ... | ... | ... | 40 |
| By Private Enterprise | ... | ... | ... | 25 |
| Number of families re-housed | ... | ... | ... | 56 |

I must again draw attention to the continued occupation of the old nissen huts on the Rodway Hill Camp, where conditions are deplorable. Every endeavour must be made to clear this site.

WEST DEAN RURAL DISTRICT.

(a) Water Supply.

Mains have extended to all parts of the district for some years and the work of getting owners to connect progressed. The scheme to abstract water from the Limekiln Springs at Lydbrook neared completion. The present supply from the borehole and surface springs at Redbrook became more and more precarious.

(b) Sewerage.

Considerable progress was made in connecting properties in the town of Coleford to the new sewerage system. The sewerage of many parts of the district was badly needed, especially Lydbrook, Bream and Berry Hill.

(c) Housing.

The housing position remains acute. The splendid new housing estates have so far failed to bring the end of overcrowding and poor housing condition in sight. There are a great many poor properties reaching the end of their useful lives.

The housing position at the end of the year was :—

| | | | | |
|------------------------|-----|-----|-----|----|
| Erected by the Council | ... | ... | ... | 45 |
| Under construction | ... | ... | ... | 66 |
| By private enterprise | ... | ... | ... | 8 |
| Under construction | ... | ... | ... | 21 |

SECTION E.

1. Milk Supply.

The number of Licensed Pasteurising Plants at the end of 1952 was twenty-three, an increase of three on the number for 1951. The usual practice of advising on the layout of Milk Heat Treatment Plants has been followed and the three additional plants have been laid out and constructed to allow for the possibility of extension with the coming of specified areas. The practice of obtaining three consecutive satisfactory pre-licence samples has been continued and a final satisfactory report on the operation and management of plant and premises must be obtained before a licence is issued.

During 1952 a part of the County came within the Bristol and Bath specified area i.e., an area in which only designated milks may be sold. Three County Districts, namely Warmley, Kingswood and Mangotsfield, became directly affected. Each of these districts has a Pasteurising Plant in operation. As the milk coming in to the specified area from two other adjoining districts has to be of the specified type, a constant check is kept on all the retailers from outside the specified area who are retailing milk within the area.

An endeavour to carry out a weekly visit to each plant has been pursued. The practice of varying the day and time of visit has been continued in order that an overall picture of the operation of the plant can be obtained. Temperature Recording Charts are examined and initialled by the County Sanitary Inspectors. The checking and testing of the sensitive flow diversion valve parts on the H.T.S.T. plants is rigidly adhered to. Defects are pointed out to the plant operator, who is advised to call in the services of the plant manufacturers as so much depends on the efficient working of this intricate part of the plant.

The results on samples obtained from the twenty-three Pasteurising Plants is encouraging and again shows that the plant operators are making an endeavour to produce a satisfactorily safe milk. A check on the amount of milk processed daily at each plant was carried out at the end of the year. The average total daily quantity of milk pasteurised by the twenty-three plants was approx. 12,000 gallons. As the twenty-three plants are situated in widely scattered parts of the County, a large portion of the population of the County is obtaining a safe milk. Even any of the remotest rural parts of the County are supplied with pasteurised milk. The objection to pasteurised milk is quickly disappearing. During 1951, 1,506 samples were taken up from pasteurising plants. Of these 20 failed the phosphatase test and 4 the methylene blue reduction time test. The failures have in the main been due to mechanical faults developing in the plants during operation. These failures are followed up by the County Sanitary Officers, who collect repeat samples immediately the faults are rectified. It has been found that some of the unsatisfactory sample reports have been due to unsatisfactorily sterilised milk bottles. The attention of the plant operators has been drawn to this fact and where mechanically operated bottle washing machines are in use, the dairyman has been advised to seek the aid of the machine makers. Many of the faults have been traced to the management of the bottle washing machine and not to the machine itself. The dairyman has been encouraged to give facilities to the employees for attending talks and lectures on this aspect of the work of dairying. The practice of submitting samples of milk bottles washed and sterilised by hand and machine for bacteriological examination has been continued; so too has the submission of swabs taken from different parts of the plant.

The County Sanitary Officers report that there is the closest liaison between the plant owners, the operatives and themselves, which naturally results in a better and safer milk being supplied. A significant factor I am pleased to report is that during 1952 I have not had occasion to recommend to the Health Committee one case of suspension or revocation of licence, or to recommend the refusal to renew a licence.

In addition to the sampling from pasteurising plants, school milk sampling has been carried out regularly, also the milk supplied to Day and Residential Nurseries, School Canteen Kitchens and other County Council establishments. Samples from these sources are submitted for biological and bacteriological examination. The total number of samples submitted for the purpose of biological examination for tubercle bacillus during 1952 was 140 with no positive result. The usual procedure of forwarding reports made by the Bristol and Birmingham Corporation Health Departments under Milk and Dairies (Consolidation) Act of 1915 has been continued and the reports have been followed up by the County Sanitary Officer.

On receipt of notification of children who are affected with adenitis, samples of milk have been obtained from the home or place of residence also from the school attended. Any reports suggesting the possible source of the infection have been followed up.

2. Tuberculosis in Calves.

During 1951 seven notifications of tuberculosis found in calves slaughtered at public abattoirs in the County and in the City of Bristol were received. Each notification has been followed up by a visit to the Farm from which the calf had come, where enquiries concerning the dam of the calf have been made. Where possible samples of milk from the dam have been obtained or bulk samples; these samples have been submitted for biological examination. A copy of the notification is sent to the Divisional Veterinary Officer, who reports on the action taken by his Department.

3. Brucella Abortus.

All samples of raw milk obtained from Schools, School Canteens, Nurseries, or any source are also submitted for biological examination. Any milk found to be infected with this germ is diverted by the District Medical Officer of Health to Heat Treatment Plant pending a report by the Divisional Veterinary Officer that the offending animal has been traced and removed from the milking herd.

4. Hospital Dairy Farms.

Routine samples have been taken on behalf of the Ministry of Health from the hospital farms at Hanham Hall, Hanham and Coney Hill, Gloucester. Such samples have all been submitted for biological examination as well as the methylene blue and bacilla coli tests.

5. Water Sampling.

Samples of water at School and other County Council properties have been collected by the County Sanitary Officers and submitted to the Public Analyst at Bristol for chemical and bacteriological examination.

6. Food Hygiene.

The County Sanitary Officers have continued the practice of giving lectures on Food Hygiene, Water Supplies, etc. to Student Health Visitors and Student Nursery Nurses and on Food Hygiene to Canteen and Kitchen Staffs. Arrangements for showing films on these subjects have also been made.

7. Animal Health.

The following report has been submitted by the courtesy of the Divisional Inspector (Mr. Jas. T. Taylor).

Division 28 of the Animal Health Division of the Ministry of Agriculture and Fisheries, comprises the Administrative County of Gloucester and the County Boroughs of Bristol and Gloucester. The Divisional Office is located at Elmbridge Court, Cheltenham Road, Gloucester.

Staff.

The present technical staff comprises a Divisional Veterinary Officer, three whole-time Veterinary Officers, one Lay Poultry Tester, and a variable number of part-time or Local Veterinary Inspectors.

Duties.

Veterinary duties in relation to the operation and administration of :—

- (a) Diseases of Animals Acts and Orders.
- (b) Milk and Dairies Regulations.
- (c) Tuberculosis (Attested Herds) Scheme.
- (d) Calfhood Vaccination Scheme.
- (e) Poultry Stock Improvement Plan.

(a) Diseases of Animals Acts and Orders.

During 1952 notifiable diseases were dealt with as follows :—

| | <i>Reports investigated</i> | <i>No. of confirmed cases</i> |
|----------------------|---------------------------------|-----------------------------------|
| Anthrax | 191 | 33 |
| Swine Fever .. | 182 | 19 |
| Fowl Pest | 25 | 1 |
| Tuberculosis .. | 30 | 21 |
| Foot & Mouth Disease | 17 | 4 |

(b) Milk and Dairies Regulations.

There are some 3,570 dairy herds in the Division.

At the 31st December, 1952, and, as to categories, these herds were divisible as follows :—

- (i) No. of "Attested" herds 1,186
- (ii) No. of "Supervised" herds 41
- (iii) No. of "Licensed T.T." herds
(not "Attested" or "Supervised") 64
- (iv) No. of "Accredited" herds 264
- (v) No. of "Non-designated" herds ... 2,165

There are in addition some 50 "Attested" stock-raising and beef herds

The Tuberculin test was applied to 98,770 animals, and the following animals were clinically examined during the period under review :—

- In "Licensed T.T." herds 95,237
- In "Accredited" herds 5,571
- In "Non-designated" herds 6,423

Tuberculous Milk-Veterinary Investigations.

Six initial reports of tubercle bacilli being found in bulk samples of milk were received from Medical Officers of Health.

As the result of veterinary enquiries which were carried out, three infected animals were traced and dealt with under the requirements of the Tuberculosis Order, 1938.

Congenital Bovine Tuberculosis.

Nine reports of tuberculous lesions having been found on post-mortem examination of calves were received from Medical Officers of Health.

The dams of two of these calves were traced out and slaughtered under the requirements of the Tuberculosis Order. In three cases microscopical and biological examinations of material failed to reveal the presence of Tuberculosis, and in the remaining four cases it was not possible to trace out the dams of the calves in question.

(c) *Tuberculosis (Attested Herds) Scheme.*

Of a total cattle population of 195,604 in the Division, 74,410 animals, or 38%, are in "Attested" herds. This figure compares very favourably with that for England as a whole, where the percentage is 32.7.

(d) *Calfhood Vaccination Scheme.*

For the purpose of conferring an immunity against infection with Bovine Contagious Abortion, a Scheme operates whereby all female calves are eligible for inoculation at any age before the date of service.

Under this scheme, 7,766 calves were so vaccinated during the period under review.

(e) *Poultry Stock Improvement Plan.*

Under the terms of this Plan, the Ministry is responsible for ensuring that the flocks of "Accredited" and "Probationary" poultry owners are kept free from infection with B.W.D. (Bacillary white diarrhoea).

With that purpose in view the adult stocks of all such owners are submitted to blood-testing at prescribed periods.

During 1952, 40 such designated flocks were supervised, and bloods from 35,837 birds were examined. Reactors to the blood test were 0.2% of all birds tested.

SECTION F.

MISCELLANEOUS.

Registered Nursing Homes.

At the end of the year there were ten nursing homes registered in the County, excluding Cheltenham Municipal Borough. Three were registered for maternity cases only, six for general cases only, and one for both types, providing in all sixteen maternity beds and 189 others. Regular visits of inspection are made by members of the Medical Staff and generally speaking the conditions prevailing in the homes are satisfactory.

Cheltenham Municipal Borough continues to administer the powers of registration which were delegated to the Borough under Section 194 of the Public Health Act, 1936.

TABLE I.—BIRTHS AND DEATHS.

| Districts | Estimated Population | BIRTHS | | | | | | DEATHS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | Live Births | | | Still Births | | | Total | | Under 1 Year | | | Infantile Mortality Rate per 1,000 Live Births | Under 4 weeks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Leg. | Illeg. | Total | Rate per 1,000 Pop. | Leg. | Illeg. | Total | Rate per 1,000 Total Births | No. | Rate per 1,000 Pop. | Leg. | | Illeg. | Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Urban. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | </ |

TABLE II.—1952. SUMMARY OF

| Districts | Scarlet Fever | Whooping Cough | Ac. Polio- myelitis P NP | | Measles | Diphtheria | Ac. Pneu- monia | Dysentery | Smallpox |
|---------------------|------------------|-------------------|---------------------------------------|---|---------|------------|--------------------|-----------|----------|
| Urban. | | | | | | | | | |
| Charlton Kings ... | 3 | 20 | — | — | 53 | — | 6 | — | — |
| Cheltenham M.B. ... | 25 | 149 | 2 | 3 | 1,063 | 1 | 49 | 5 | — |
| Cirencester ... | 6 | 53 | — | — | 135 | — | 10 | — | — |
| Kingswood ... | 27 | 20 | — | — | 58 | — | 4 | — | — |
| Mangotsfield ... | 65 | 79 | — | — | 244 | — | 9 | — | — |
| Nailsworth ... | 3 | 97 | — | — | 148 | — | 13 | 2 | — |
| Stroud ... | 17 | 226 | — | — | 118 | — | 4 | — | — |
| Tewkesbury M.B. ... | 5 | 23 | — | — | 116 | — | 1 | — | — |
| TOTALS U.D. ... | 151 | 667 | 2 | 3 | 1935 | 1 | 96 | 7 | — |
| Rural. | | | | | | | | | |
| Cheltenham ... | 20 | 19 | 2 | 2 | 355 | — | 6 | 3 | — |
| Cirencester ... | 10 | 30 | 1 | — | 225 | — | 13 | 8 | — |
| Dursley ... | 37 | 34 | 1 | — | 172 | — | 7 | — | — |
| East Dean ... | 9 | 21 | 2 | — | 300 | — | 3 | — | — |
| Gloucester ... | 21 | 126 | 4 | — | 373 | — | 29 | 10 | — |
| Lydney ... | 5 | 2 | — | — | 95 | — | 1 | 6 | — |
| Newent ... | 6 | 13 | — | — | 35 | — | 3 | — | — |
| North Cotswold ... | 13 | 20 | — | 1 | 66 | — | 16 | 1 | — |
| Northleach ... | 2 | 14 | — | — | 117 | — | 10 | — | — |
| Sodbury ... | 64 | 100 | — | — | 188 | — | 30 | — | — |
| Stroud ... | 31 | 256 | 1 | — | 268 | — | 5 | 1 | — |
| Tetbury ... | 8 | — | 1 | — | 15 | — | 1 | — | — |
| Thornbury ... | 49 | 60 | 1 | — | 36 | — | 35 | 6 | — |
| Warmley ... | 15 | 12 | — | — | 12 | — | 4 | — | — |
| West Dean ... | 22 | 7 | 4 | 1 | 80 | — | 4 | — | — |
| TOTALS R.D. ... | 312 | 714 | 17 | 4 | 2,337 | — | 167 | 35 | — |
| County Totals ... | 463 | 1,381 | 19 | 7 | 4,272 | 1 | 263 | 42 | — |

I.H.—Infective Hepatitis
C.P.—Chicken Pox

INFECTIOUS DISEASE NOTIFICATIONS.

| Ac. Lethargica I. | Enc. PI. | Enteric or Typhoid Fever | Para-Typhoid Fever | Erysipelas | Meningo-coccal Infection | Food Poisoning | Puerperal Pyrexia | Ophthalmia Neona | Other |
|-------------------|----------|--------------------------|--------------------|------------|--------------------------|----------------|-------------------|------------------|--------------------|
| — | — | — | — | 1 | 1 | — | 3 | — | — |
| — | — | — | — | 6 | 2 | 3 | 15 | — | — |
| — | — | — | — | — | — | — | 2 | — | 59 C.P. |
| — | — | — | — | — | — | — | — | — | — |
| — | — | — | 1 | 3 | — | 3 | — | — | — |
| — | — | — | — | 3 | — | — | — | — | — |
| — | — | — | — | 3 | 1 | — | 3 | — | — |
| — | — | — | — | — | — | — | 1 | — | — |
| — | — | — | 1 | 16 | 4 | 6 | 24 | — | 59 C.P. |
| — | — | — | — | 3 | 1 | — | — | — | — |
| — | — | — | 1 | 1 | — | 11 | 1 | — | 133 C.P. 1 I.H. |
| — | — | — | — | 1 | — | — | 3 | — | — |
| 1 | — | — | — | — | 1 | — | 3 | — | — |
| — | — | — | — | 2 | — | 3 | — | — | — |
| — | — | — | — | — | 1 | — | 6 | — | — |
| — | — | — | — | — | — | — | 1 | — | — |
| — | — | — | — | 11 | — | 2 | 3 | — | — |
| — | — | — | — | 2 | — | — | — | — | 1 C.P. |
| — | 1 | — | — | 3 | 3 | 8 | 2 | — | — |
| — | — | 2 | — | — | 3 | — | — | — | — |
| — | — | — | — | — | — | — | — | — | — |
| — | — | — | — | 1 | 1 | — | 8 | 2 | — |
| — | — | — | — | — | — | — | — | — | — |
| — | — | 1 | 1 | — | — | — | 1 | — | — |
| 1 | 1 | 3 | 2 | 24 | 10 | 24 | 28 | 2 | 1 I.H. 134 C.P. |
| 1 | 1 | 3 | 3 | 40 | 14 | 30 | 52 | 2 | 1 I.H. 193 C.P. |

TABLE III.—1952.
CAUSES OF AND AGES AT DEATH.

| Causes of Death | Under 1 year | 1-5 | 5-15 | 15-45 | 45-65 | 65 years and over | Total |
|---|-----------------|-----|------|-------|-------|-------------------------|-------|
| 1. Tuberculosis, respiratory | — | 2 | — | 26 | 35 | 11 | 74 |
| 2. Tuberculosis, other | 2 | 1 | 3 | 2 | 6 | — | 14 |
| 3. Syphilitic disease | — | — | — | 1 | 4 | 5 | 10 |
| 4. Diphtheria | — | — | — | — | — | — | — |
| 5. Whooping Cough | 1 | 2 | — | — | — | — | 3 |
| 6. Meningococcal Infections | 1 | 1 | — | — | — | — | 2 |
| 7. Acute poliomyelitis | — | — | 1 | 2 | — | — | 3 |
| 8. Measles | — | 3 | — | — | — | — | 3 |
| 9. Other Infective and Parasitic Diseases | — | 2 | 1 | 2 | 3 | 4 | 12 |
| 10. Malignant Neoplasm, Stomach | — | — | — | 4 | 41 | 101 | 146 |
| 11. " " Lung, bronchus | — | — | — | 11 | 59 | 37 | 107 |
| 12. " " Breast | — | — | — | 8 | 33 | 44 | 85 |
| 13. " " Uterus | — | — | — | 5 | 18 | 16 | 39 |
| 14. Other malignant and lymphatic neoplasms | — | 2 | 3 | 31 | 131 | 254 | 421 |
| 15. Leukaemia, aleukaemia | 3 | 2 | 2 | 2 | 2 | 4 | 15 |
| 16. Diabetes | — | — | — | 3 | 8 | 22 | 33 |
| 17. Vascular lesions of nervous system | — | — | — | 11 | 125 | 542 | 678 |
| 18. Coronary disease, angina | — | — | — | 5 | 135 | 397 | 537 |
| 19. Hypertension with heart disease | — | — | — | — | 24 | 83 | 107 |
| 20. Other heart diseases | — | — | — | 24 | 114 | 965 | 1,103 |
| 21. Other circulatory diseases | — | — | — | 10 | 28 | 142 | 180 |
| 22. Influenza | — | — | 1 | 1 | 6 | 16 | 24 |
| 23. Pneumonia | 27 | 10 | 3 | 5 | 30 | 88 | 163 |
| 24. Bronchitis | 1 | 1 | 2 | 1 | 39 | 138 | 182 |
| 25. Other diseases of respiratory system | — | — | 1 | 2 | 22 | 35 | 60 |
| 26. Ulcer of stomach and duodenum | — | — | — | 3 | 18 | 29 | 50 |
| 27. Gastritis, enteritis and diarrhoea | 7 | 2 | — | — | 1 | 10 | 20 |
| 28. Nephritis and nephrosis | — | — | — | 8 | 12 | 44 | 64 |
| 29. Hyperplasia of prostate | — | — | — | — | 2 | 31 | 33 |
| 30. Pregnancy, childbirth, abortion | — | — | — | — | — | — | 6 |
| 31. Congenital malformations | 28 | 3 | 3 | 6 | — | — | 45 |
| 32. Other defined and ill-defined diseases | 117 | 3 | 11 | 31 | 78 | 206 | 446 |
| 33. Motor vehicle accidents | — | 2 | 6 | 27 | 19 | 6 | 60 |
| 34. All other accidents | 7 | 6 | 7 | 29 | 18 | 41 | 108 |
| 35. Suicide | — | — | — | 11 | 11 | 8 | 30 |
| 36. Homicide and operations of war | — | — | — | — | — | — | — |
| TOTALS | 194 | 42 | 44 | 278 | 1,026 | 3,279 | 4,863 |

